| Name | Agency | Address | Phone | Fax |
|---|---|--|---|--|
| Alfrey , Kerry | Kerry L Alfrey LLC | 403 Lexington Circle Grand Island NB 68803 | (402)335-7908 | |
| | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | ring Treatment | rvices Outpatient - |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Youth Who S | o-Occurring; Adults who Sexually Harm Evaluation; Outpatient Thera utpatient Therapy including Group Sessions-Mental Health; Outpatient Sexually Harm; Outpatient Therapy - Co-occurring; Assessment: Pre- sment: Juvenile Who Sexually Harm Risk Assessment; Assessment: | nt Therapy including Treatment Assessm | |
| Other Services: | | | | |
| Arnett Nickolaus, Theresa | SOZO Family Services | 616 13th St Suite 110 Aurora NB 68818 | (402)631-7267 | (402)694-4199 |
| | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Intervention/Education; Ac tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | Services Outpatient - |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Eating I | Disorder; Intensive |
| Other Services: | Outpatient: Intensive Outpatient Therapy-Mental I Sliding Fee Scale; | Health; Assessment: Mental Status Exam (MSE) | | |
| Arroyo-Herrera, Adriana | Arroyo-Stoltenberg Counseling | 706 W Koenig St Grand Island NB 68801 | (308)370-3678 | |
| | Groups; Adult Non-Residential Services Outpatien Outpatient Treatment; Juvenile Assessment Service | | dult Non-Residential es Intervention/Educ | Services Intensive ation; Juvenile Non- |
| Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial), C | o-Occuming, Psychological Evaluation | | |
| | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Other Services: Babutzke, Jamie | Sliding Fee Scale; Bilingual Services; South Central Behavioral Services | 3810 Central AVE Kearney NB 68847 | (402)463-5684 | (402)463-5686 |
| Babutzke, Jamie | South Central Behavioral Services Adult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | 3810 Central AVE Kearney NB 68847 aluations; Adult Non-Residential Services Intervention/Education; Ac nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | lult Non-Residential dult Non-Residential ces Substance Abuse on-Residential Servic | Services Outpatient - Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Babutzke, Jamie Substance Abuse Services: Mental Health Services: | South Central Behavioral Services Adult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; A nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | lult Non-Residential dult Non-Residential ces Substance Abuse n-Residential Servic ng Treatment; Juveni | Services Outpatient - Services Outpatient e Evaluations; Juveni es Outpatient - Famil le Non-Residential |

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|---------------------------|--|--|---------------------|-----------------------|
| Name | Agency | Address | Phone | Fax |
| Betka, Cindy | FGH Inc | 942 N 13th St. Geneva NB 68361 | (402)879-5959 | (402)759-3803 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual | ult Non-Residential | Services Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | Putpatient Therapy | | |
| Juvenile Services: | including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy - Individual ent Therapy including Family Sessions-Mental Health; Outpatient The nent Assessment (Medicaid); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Bomberger, Molly | | 5404 Ave I Kearney NB 68847 | (308)293-0954 | (308)233-5216 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evaluation | ons | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Adults who Sexually Harm Evaluation | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Buller, Daniel | Crossroads Center | 702 W 14th St Hastings NB 68901 | (307)921-8657 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Cammon-Larson, Jennifer | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | (308)385-5271 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Carlson, Scott | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)658-3737 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Chavez, Sara | South Central Behavioral Services | 616 W 5th St Hastings NB 68901 | (402)463-5684 | (402)463-5686 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | ing Treatment; Adult | Non-Residential |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | risis Phone Line; Outpatient Therapy | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy - Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Coburn, Kelly | Horizon Recovery & Counseling Center | 835 South Burlington Suite 115 Hastings NB 68901 | (402)462-2066 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | | | | |
| 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; 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 o-Occurring Treatment; Juvenile Non-Residential Services Intensive | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Line; Outpatient Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- | psychosocial); Co-O | ccurring; Crisis Phon |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | ntensive Outpatient: | Intensive Outpatient |
| Other Services: | Sliding Fee Scale; | | | |
| DeLaet, Theodore | Theodore J. DeLaet, PhD, PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Sexually Harm Evaluation; Psychological Evaluat | nile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment A ion: Outpatient Therapy | ssessment (bio-psyc | hosocial); Adults who |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); SE); Assessment: Psychological Evaluation; Assessment: Juvenile W | Assessment: Outpat | ient Psychiatric |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| EagleFeather Moreno, | South Central Behavioral Services | 616 W 5th St Hastings NB 68901 | (402)463-5684 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Groups; Adunt - Individual; Adult Non-Residential Services Intensive Outpatient | | rvices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Eigenberg, Amy | Insight Counseling and Recovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)237-0391 | (308)708-7452 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; 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-Occur | rring Treatment; Juve sidential Services Ou | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring; Adults who Sexually Harm Evaluation; Outpatient The | rapy | |
| Juvenile Services: | | Dutpatient Therapy including Family Sessions-Mental Health; Outpat Pre-Treatment Assessment (Medicaid); Assessment: Mental Status | | |
| Other Services: | | So-Occurring | | |
| Ernst, Michelle | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (402)463-1467 | (402)461-7013 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Frances, Sonya | Compassionate Healing Counseling Services Inc | 1811 W 2nd St Suite 420 Grand Island NB 68803 | (308)384-4617 | (844)270-3023 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O (Medicaid) | Outpatient Therapy including Family Sessions-Mental Health; Assess | ment: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Franssen, Tracee | Friendship House Inc | 707 W 1st St Grand Island NB 68801 | (308)675-3345 | (308)675-3342 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Occu esidential Services Outpatient - Family; Juvenile Non-Residential S Freatment | rring Treatment; Juve | nile Non-Residential |
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| Name | Agency | Address | Phone | Fax |
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| | Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatie ent: Co-Occurring | nt Therapy - Co-occ | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Hock, Sarah | South Central Behavioral Services | PO Box 1716 Kearney NB 68848 | (308)237-5951 | (308)237-5953 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurn e Assessment Services Substance Abuse Evaluations; Juvenile Non amily; Juvenile Non-Residential Services Outpatient - Individual; Juv- al Services Intensive Outpatient Treatment | ring Treatment; Adul -Residential Service: | t Non-Residential s Outpatient - Groups; |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient | Therapy | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie ;; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | | |
| Other Services: | Sliding Fee Scale; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | al Evaluation; Asses | sment: Juvenile Who |
| Other Services: | | | | |
| Hruby, Kristine | | 1811 West 2nd St. suite 450 Grand Island NB 68801 | (308)390-5508 | (308)339-0962 |
| Substance Abuse Services: Mental Health Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatn | ring Treatment; Juve ential Services Outpa | nile Assessment tient - Family; Juvenile |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occ | urring: Assessment: |
| | Pre-Treatment Assessment (Medicaid) | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hruska, Michael | | 223 E. 14th Street, Suite 220 Hastings NB 68901 | (402)303-0430 | (402)463-9169 |
| | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpar Pre-Treatment Assessment (bio-psychosocial); C | • | Non-Residential Ser | vices Outpatient - |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occ | urring; Assessment: |

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

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; | | | • |
| Hruska, Michael | New Dimensions Counseling | 223 East 14th, Suite 220 Hastings NB 68901 | (402)303-0430 | (402)463-9169 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Family; A tance Abuse Evaluations; Juvenile Non-Residential Services Outpations; Juvenile Non-Residential Services Outpatient; Juvenile Non-Residentia | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C | Dutpatient Therapy including Family Sessions-Mental Health; Ass | essment: Co-Occurring | |
| Other Services: | | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| | | | | |
| Kelly, Mike | South Central Behavioral Services | 616 W 5th St Hastings, NB 68901 | (402)326-7329 | |
| | Adult Assessment Services Substance Abuse E | valuations; Adult Non-Residential Services Outpatient - Groups; | Adult Non-Residential Ser | rvices Outpatient - |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E | valuations; Adult Non-Residential Services Outpatient - Groups; ent - Individual; Adult Non-Residential Services Outpatient - Co-O | Adult Non-Residential Ser | vices Outpatient - |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E Family; Adult Non-Residential Services Outpatie Pre-Treatment Assessment (bio-psychosocial); | valuations; Adult Non-Residential Services Outpatient - Groups; ent - Individual; Adult Non-Residential Services Outpatient - Co-O | Adult Non-Residential Ser | vices Outpatient - |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse E Family; Adult Non-Residential Services Outpatie Pre-Treatment Assessment (bio-psychosocial); | valuations; Adult Non-Residential Services Outpatient - Groups; ent - Individual; Adult Non-Residential Services Outpatient - Co-O | Adult Non-Residential Ser | vices Outpatient - |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse E Family; Adult Non-Residential Services Outpatie Pre-Treatment Assessment (bio-psychosocial); | valuations; Adult Non-Residential Services Outpatient - Groups; ent - Individual; Adult Non-Residential Services Outpatient - Co-O | Adult Non-Residential Ser | vices Outpatient - (402)723-4914 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Adult Assessment Services Substance Abuse E Family; Adult Non-Residential Services Outpatie Pre-Treatment Assessment (bio-psychosocial); (Sliding Fee Scale; Sandra Hale Kroeker PC | valuations; Adult Non-Residential Services Outpatient - Groups; ent - Individual; Adult Non-Residential Services Outpatient - Co-O Co-Occurring | Adult Non-Residential Ser ccurring Treatment | · |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Kroeker, Sandra Substance Abuse Services: | Adult Assessment Services Substance Abuse E Family; Adult Non-Residential Services Outpatie Pre-Treatment Assessment (bio-psychosocial); (Sliding Fee Scale; Sandra Hale Kroeker PC | Evaluations; Adult Non-Residential Services Outpatient - Groups; ent - Individual; Adult Non-Residential Services Outpatient - Co-O Co-Occurring PO Box 684 1080 17th ST Henderson NB 68371 | Adult Non-Residential Ser ccurring Treatment | · |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Kroeker, Sandra Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse E Family; Adult Non-Residential Services Outpatie Pre-Treatment Assessment (bio-psychosocial); d Sliding Fee Scale; Sandra Hale Kroeker PC Adults who Sexually Harm Evaluation; Outpatier Non-Treatment: Anger Management Class; Non Outpatient Therapy including Group Sessions-M Sexually Harm; Outpatient Therapy - Eating Diss Outpatient Therapy-Youth Who Sexually Harm; | Evaluations; Adult Non-Residential Services Outpatient - Groups; ent - Individual; Adult Non-Residential Services Outpatient - Co-O Co-Occurring PO Box 684 1080 17th ST Henderson NB 68371 | Adult Non-Residential Ser iccurring Treatment (402)723-4883 tpatient Therapy - Individu tal Health; Outpatient The Health; Intensive Outpatie | (402)723-4914 nal-Mental Health; erapy - Youth Who ent: Intensive |

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| Name | Agency | Address | Phone | Fax |
|---|---|--|--|--|
| LaBouchardiere, Angela | Western Alternative Corrections Inc | 101 South Hastings Hastings NB 68901 | (402)462-2001 | (402)462-2647 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Maxson, Thomas | Insight Counseling and Recovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)237-0391 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; J Juvenile Non-Residential Services Outpatient - C | valuations; Adult Non-Residential Services Intervention/Educatio ent - Family; Adult Non-Residential Services Outpatient - Individu Services Substance Abuse Evaluations; Juvenile Non-Residentia uvenile Non-Residential Services Outpatient - Family; Juvenile N Co-Occurring Treatment Co-Occurring; Adults who Sexually Harm Evaluation; Psychologi | ual; Adult Non-Residential Il Services Intervention/Eco Ion-Residential Services | Services Outpatient - ducation; Juvenile Outpatient - Individual |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | Outpatient Therapy including Group Sessions-Mental Health; Out Sexually Harm; Outpatient Therapy - Co-occurring; Assessment sment: Psychological Evaluation; Assessment: Juvenile Who Se | : Pre-Treatment Assessm | ent (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 Outpatie Services Intensive Outpatient Treatment; Juveni | valuations; Adult Non-Residential Services Outpatient - Groups; nt - Individual; Adult Non-Residential Services Outpatient - Co-C le Assessment Services Substance Abuse Evaluations; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Oc | ccurring Treatment; Adul Non-Residential Service | t Non-Residential |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | Outpatient Therapy - Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| McMaster, Brianna | | 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 | valuations; Adult Non-Residential Services Intervention/Educatio ent - Family; Adult Non-Residential Services Outpatient - Individu Services Substance Abuse Evaluations; Juvenile Non-Residentia uvenile Non-Residential Services Outpatient - Family; Juvenile N Co-Occurring Treatment | ual; Adult Non-Residential | Services Outpatient - ducation; Juvenile |
| | Pre-Treatment Assessment (bio-psychosocial); (| | | |
| | Outpatient Therapy - Individual-Mental Health; O Mental Health | Outpatient Therapy including Group Sessions-Mental Health; Out | patient Therapy including | Family Sessions- |
| Other Services: | | | | |

| Gro Co- Nor Juv Ser Mental Health Services: Pre Juvenile Services: Out Me Other Services: Slic Miller, Martin K VA Substance Abuse Services: Adu Far | roups; Adult Non-Residential Services Outpatier o-Occurring Treatment; Adult Non-Residential S on-Residential Services Intervention/Education; uvenile Non-Residential Services Outpatient - Ind ervices Intensive Outpatient Treatment re-Treatment Assessment (bio-psychosocial); Co outpatient Therapy - Individual-Mental Health; Ou lental Health; Outpatient Therapy - Co-occurring liding Fee Scale; A-Western Iowa Health Care dult Assessment Services Substance Abuse Eva | tpatient Therapy including Group Sessions-Mental Health; Outpatien | dult Non-Residential es Substance Abuse n-Residential Servic g Treatment; Juveni nt Therapy including (308)382-3660 | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family le Non-Residential |
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| Gro Co- Nor Juv Ser Mental Health Services: Pre Juvenile Services: Out Me Other Services: Slic Miller, Martin K VA Substance Abuse Services: Adu Far | roups; Adult Non-Residential Services Outpatier o-Occurring Treatment; Adult Non-Residential S on-Residential Services Intervention/Education; uvenile Non-Residential Services Outpatient - Ind ervices Intensive Outpatient Treatment re-Treatment Assessment (bio-psychosocial); Co outpatient Therapy - Individual-Mental Health; Ou lental Health; Outpatient Therapy - Co-occurring liding Fee Scale; A-Western Iowa Health Care dult Assessment Services Substance Abuse Eva | nt - Family; Adult Non-Residential Services Outpatient - Individual; Ac ervices Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring o-Occurring; Outpatient Therapy atpatient Therapy including Group Sessions-Mental Health; Outpatient 2201 N. Broadwell Ave Grand Island NB 68803 | dult Non-Residential es Substance Abuse n-Residential Servic g Treatment; Juveni nt Therapy including (308)382-3660 | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family le Non-Residential |
| Me Other Services: Slice Miller, Martin K VA Substance Abuse Services: Adu Far | lental Health; Outpatient Therapy - Co-occurring liding Fee Scale; A-Western Iowa Health Care dult Assessment Services Substance Abuse Eva | 2201 N. Broadwell Ave Grand Island NB 68803 | (308)382-3660 | Family Sessions- |
| Substance Abuse Services: Adu Far | dult Assessment Services Substance Abuse Eva | | | |
| Far | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult | | |
| | · | t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri esidential Services Dual Residential (MH/SA); Adult Residential Servi psychosocial); Co-Occurring; Outpatient Therapy | ing Treatment; Adult | t Non-Residential |
| Juvenile Services: Other Services: | | | | |
| Miller, Martin K | | 225 N. St. Joseph Ave. Hastings NB 68901 | (402)463-5075 | (402)463-5073 |
| Gro | | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | |
| Mental Health Services: Pre | | o-Occurring; Crisis Stabilization; Outpatient Therapy | | |
| Juvenile Services: Other Services: Slic | liding Fee Scale; | | | |
| Mucklow, Greg Mu | lucklow Counseling Services LLC | 2217 W 12th St Suite 4 Hastings NB 68901 | (308)238-1428 | (402)939-0956 |
| Ind Res | dividual; Adult Non-Residential Services Outpati | aluations; Adult Non-Residential Services Outpatient - Family; Adult N ient - Co-Occurring Treatment; Juvenile Assessment Services Substa Non-Residential Services Outpatient - Individual; Juvenile Non-Resi | ance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: Pre | re-Treatment Assessment (bio-psychosocial); Co | o-Occurring; Adults who Sexually Harm Evaluation; Outpatient Thera | ару | |
| | utpatient Therapy - Individual-Mental Health; Ou o-Occurring | tpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occ | urring; Assessment: |

| Name | Agency | Address | Phone | Fax |
|---|---|---|--|---|
| Newman, Rocky | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (308)384-7896 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Patitz, Beverly | New Dimensions Counseling | 223 East 14th, Suite 220 Hastings NB 68901 | (402)519-0159 | (402)463-9169 |
| Mental Health Services: Juvenile Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy Non-Treatment: Intensive Family Preservation; N | valuations; Juvenile Assessment Services Substance Abuse Evaluation enile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio Jon-Treatment: Supervised Visitation; Outpatient Therapy - Individual tient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; A ISE); Assessment: Co-Occurring | -psychosocial); Co-C -Mental Health; Outp | patient Therapy |
| Price-Wells, Cherisa | ResCare Workforce Services | 3720 N 27th St Ste 6 Lincoln NB 68521 | (402)458-4925 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| 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 | | dult Non-Residentia | Services Outpatient - ducation; Juvenile |
| Juvenile Services: | | batient Therapy - Individual-Mental Health; Outpatient Therapy includi | ng Group Sessions-I | Mental Health; |
| 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 Servic Assessment Services Substance Abuse Evaluation | valuations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Individual; Adult Non-Residential Services Outpatient ions; Juvenile Non-Residential Services Intervention/Education; Juve atient - Co-Occurring Treatment; Juvenile Non-Residential Services I | - Co-Occurring Trea nile Non-Residential | tment; Juvenile Services Outpatient - |

| Name | Agency | Address | Phone | Fax |
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| Mental Health Services: Juvenile Services: Other Services: | | Co-Occurring; Outpatient Therapy | | |
| 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 Outpati 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 Se n; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Individual; Juvenile Non-Residential Services Outpatient - Co-Occu | ; Adult Non-Residentia rvices Substance Abus Non-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual S | Services; | | |
| Schroeder, Ashley | South Central Behavioral Services | 3810 Central AVE Kearney NB 68847 | (308)237-5951 | (308)237-5953 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juven | valuations; Adult Non-Residential Services Outpatient - Groups; Ad ent - Individual; Adult Non-Residential Services Outpatient - Co-Occ ile Assessment Services Substance Abuse Evaluations; Juvenile N Family; Juvenile Non-Residential Services Outpatient - Individual; J tial Services Intensive Outpatient Treatment | curring Treatment; Adul | t Non-Residential s Outpatient - Groups; |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| | Outpatient Therapy - Individual-Mental Health; C | Dutpatient Therapy including Group Sessions-Mental Health; Outpang; Assessment: Pre-Treatment Assessment (Medicaid); Assessme | | Family Sessions- |
| Other Services: | Sliding Fee Scale; | 3 ,, ,, ,, , ,, , ,, , ,, , ,, , ,, , ,, , ,, , ,, , ,, , ,, , ,, , ,, , ,, , ,, , ,, , ,, , ,, , ,, ,, , ,, , ,, , ,, ,, , ,,, | 5 | |
| Schroeder, Ryleigh | Horizon Recovery & Counseling Center | 835 South Burlington Suite 115 Hastings NB 68901 | (402)462-2066 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | 1 17 | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Schurman, Aggie | Goodwill Industries of Greater Nebraska | 835 S Burlington Ave #112 Hastings NB 68901 | (402)463-1467 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

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| Name | Agency | Address | Phone | Fax |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); P | sychological Evaluation; Outpatient Therapy; Mental Health Intensive | Management | |
| Juvenile Services: Other Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier ient Assessment (Medicaid); Assessment: Mental Status Exam (MSE Assessment | | |
| Other Services. | | | | |
| Springer, Jo | Spouse Abuse Sexual Assault Crisis Center, Inc | 220 S Burlington, Suite 4 Hastings NB 68901 | (402)463-5810 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| | Pre-Treatment Assessment (bio-psychosocial); O | utpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatien | t Thoropy including | Family Sassiana |
| Juvernie Services. | Mental Health; Outpatient Therapy - Co-occurring | ; Assessment: Pre-Treatment Assessment (Medicaid) | t merapy mouding | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance A le Non-Residential Services Outpatient - Individual | Abuse Evaluations; J | luvenile Non- |
| | | o-Occurring; Adults who Sexually Harm Evaluation; Psychological Ev | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A Assessment; Assessment: Co-Occurring | nt: Intensive Outpati | ent Therapy-Youth |
| Other Services: | Sliding Fee Scale; | - | | |

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| Name | Agency | Address | Phone | Fax |
| 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 | aluations; Adult Non-Residential Services Outpatient - Groups; ive Outpatient Treatment; Juvenile Assessment Services Subst le Non-Residential Services Outpatient - Individual; Juvenile No | ance 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 | |
| | Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Care Monitoring SA/M Family; Juvenile Non-Residential Services Outpa Juvenile Pre-Treatment Assessment (PTA); Pre- | ent - Family; Adult Non-Residential Services Outpatient - Individ Services Substance Abuse Evaluations; Juvenile Non-Residentia H; Juvenile Non-Residential Services Outpatient - Groups; Juve Itient - Individual Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient utpatient Therapy including Family Sessions-Mental Health | al Services Intervention/Ec nile Non-Residential Servi | lucation; Juvenile |
| Switzer, Anteshia | South Central Behavioral Services | 616 W 5th St Hastings NB 68901 | (402)463-5684 | (402)463-5686 |
| · · | | raluations; Adult Non-Residential Services Outpatient - Groups; nt - Individual; Adult Non-Residential Services Outpatient - Co-C | | rvices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Wallace, Cynthia | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | (308)385-5271 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|--|
| Weber, Kristi | Weber Behavioral Health | 942 N 13th Geneva NB 68361 | (402)759-3802 | (402)759-3803 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex | valuations; Adult Non-Residential Services Outpatient - Co-Occur | ring Treatment | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Outpatient Therapy; N | ledication Evaluation | |
| Juvenile Services: | | Outpatient Therapy including Family Sessions-Mental Health; Asse Evaluation; Assessment: Mental Status Exam (MSE); Assessmen | | |
| Other Services: | Sliding Fee Scale; | | | |
| Wragge, Shelly | Always Hope Counseling LLC | 1811 W. 2nd Street, Suite 450 Grand Island NB 68803 | (308)384-4405 | (308)339-0962 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua Services Substance Abuse Evaluations; Juvenile Non-Residential uvenile Non-Residential Services Outpatient - Family; Juvenile No Co-Occurring Treatment | al; Adult Non-Residential Services Intervention/Ed | l Services Outpatier ducation; Juvenile |
| | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurrin | Outpatient Therapy including Group Sessions-Mental Health; Outp g; Assessment: Co-Occurring | atient Therapy including | Family Sessions- |
| Zerr, Kayla | Goodwill Industries of Greater Nebraska | 835 S Burlington Ave #112 Hastings NB 68901 | (402)469-0745 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services | | | | |

Other Services:

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| Name | Agency | Address | Phone | Fax |
| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I | dult Non-Residential | Services Outpatient |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Other Services: | Sliding Fee Scale; | | | |
| Barritt, Samantha | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| Substance Abuse Services: | Adult Non-Residential Services Care Monitoring Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Adult R Assessment Services Substance Abuse Evaluati Monitoring SA/MH; Juvenile Non-Residential Ser | ssessment Services Substance Abuse Evaluations; Adult Non-Resid SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult N nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Residential Services Dual Residential (MH/SA); Adult Residential Services fons; Juvenile Non-Residential Services Intervention/Education; Juve vices Outpatient - Groups; Juvenile Non-Residential Services Outpatient esidential Services Outpatient - Co-Occurring Treatment; Juvenile Nor | on-Residential Servio ring Treatment; Adult vices Short Term Res nile Non-Residential tient - Family; Juvenil | ces Outpatient - Non-Residential sidential; Juvenile Services Care e Non-Residential |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| 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; Int | tensive Outpatient: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Brooks, Cristy | Good Life Counseling & Support | 118 E State St Atkinson NB 68713 | (402)340-0022 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; C | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy inc | luding Family Sessio | ns-Mental Health |
| Other Services: | | | | |
| Brostad, Greg | Resolution Treatment Services | 505 5th Street Suite #225 Sioux city IA 51101 | (515)493-4787 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie by-Youth Who Sexually Harm; Assessment: Pre-Treatment Assessm ly Harm Risk Assessment | | |
| Other Services: | | , | | |

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---------------------|
| Brugger, Keri | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)382-5297 | (308)382-5315 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |
| Other Services: | | | | |
| Carmichael, Kirk | Carmichael Counseling | 214 N 7th Suite 11 Norfolk NB 68701 | (402)316-8800 | (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 ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juve ntial Services Outpa | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| 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: | - | | | |
| Cattau, Jeanne | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie Health; Assessment: Pre-Treatment Assessment (Medicaid); Assess | | |
| Other Services: | Sliding Fee Scale; | | | |
| Clyde, Gina | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subst e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | ance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; O | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl | uding Family Sessio | ons-Mental Health |
| Other Services: | | | | |

Other Services:

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| Name | Agency | Address | Phone | Fax |
| Clyde, Jessica | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | 1 13 | | | |
| | Non-Treatment: Family Support Worker; Commun | nity Treatment Aide | | |
| Other Services: | | | | |
| Davies, Paul | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| | | o-Occurring; Adults who Sexually Harm Evaluation; Outpatient Thera | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- | atment: Intensive Family Preservation; Non-Treatment: Supervised V Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health; ting Disorder; Assessment: Pre-Treatment Assessment (Medicaid); A | Outpatient Therapy | including Family |
| Other Services: | | | | |
| DeWalt, Jennifer | Jennifer S. DeWalt | 302 South 13 Street Norfolk NB 68701-4963 | (402)649-8366 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Freudenburg, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| | Pre-Treatment Assessment (bio-psychosocial); O | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Eating Disord | utpatient Therapy including Group Sessions-Mental Health; Outpatien | t Therapy including | Family Sessions- |
| Other Services: | | | | |
| Gadeken, Angela | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evaluatio | ns | |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy inclu Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (M | | |
| Other Services: | ······································ | | | |

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|---------------------------------|
| 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 | | ividual; Adult Non-Residential Sobstance Abuse Evaluations; Juv | ervices Intensive enile Non- |
| | | utpatient Therapy including Group Sessions-Mental Health; | Outpatient Therapy including Es | mily Sessions- |
| Suvernie Gervices. | | g; Intensive Outpatient: Intensive Outpatient Therapy-Co-oc | | |
| | (Medicaid); Assessment: Co-Occurring | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evalua | tion | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psy | chological Evaluation; Assessm | ent: Juvenile Wh |
| Other Services: | , | | | |
| Hunter, Linda | Northeast Nebraska Psychological Services, PC | 408 N Oakland Ave Oakland NB 68045 | (402)685-4130 (| (402)685-4132 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Psychological E | valuation; Outpatient Therapy | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Sexually Harm; Outpatient Therapy - Eating Disorder; Asses sment: Psychological Evaluation; Assessment: Juvenile Wh | ssment: Pre-Treatment Assessm | nent (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services | Sliding Eco Scolo: | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| | Non-Treatment: Intensive Family Preservation; Non-Treatment: Intensive Family Preservation; Non-Treatment Intensive Family Preservative Family Preservation; | on-Treatment: Anger Management Class; Non-Treatment: General E uding Group Sessions-Mental Health; Outpatient Therapy including F ensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensi | amily Sessions-Men | tal Health; Outpatient |
| Other Services: | | | | |
| Larson, Beth | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | - | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; As | ssessment: Pre-Treatment Assessment (Medicaid) | | |
| Other Services: | | | | |
| 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 ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Re ent Treatment; Adult Residential Services Short Term Residential; Ju vices Intervention/Education; Juvenile Non-Residential Services Outp lential Services Outpatient - Individual; Juvenile Non-Residential Services V | esidential Services C venile Assessment S patient - Groups; Juv | Dutpatient - Individual; Services Substance /enile Non-Residentia |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpatient | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental H py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ting Disorder; Outpa t Therapy-Youth Wh | atient Therapy - Co- o Sexually Harm; |

| Name | Agency | Address | Phone | Fax |
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| Milander-Mace, Amanda | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| | Non-Treatment: Intensive Family Preservation; I | -Treatment Assessment (bio-psychosocial); Outpatient Thera Non-Treatment: Anger Management Class; Outpatient Thera atient Therapy - Eating Disorder; Assessment: Pre-Treatmen | py - Individual-Mental Health; | Outpatient Therapy |
| Other Services: | | | | |
| Millard, Laurie | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| | Pre-Treatment Assessment (bio-psychosocial); | Outpatient Therapy reatment: Tracker (Except Douglas County); Non-Treatment: | | |
| | Supervised Visitation: Non-Treatment: Day Rep | orting; Non-Treatment: Evening Reporting; Non-Treatment: / | Anger Management Class: No | n-Treatment: Genera |
| | Education Class; Outpatient Therapy - Individua Family Sessions-Mental Health; Outpatient Ther Health; Intensive Outpatient: Intensive Outpatient | Il-Mental Health; Outpatient Therapy including Group Sessio rapy - Eating Disorder; Community Treatment Aide; Intensive nt- Eating Disorder; Intensive Outpatient: Intensive Outpatier t: Mental Status Exam (MSE); Contracted Services: Tracker; | ns-Mental Health; Outpatient 1 e Outpatient: Intensive Outpati nt Therapy-Co-occurring; Asse | herapy including ent Therapy-Mental ssment: Pre- |
| Other Services: | Education Class; Outpatient Therapy - Individua Family Sessions-Mental Health; Outpatient Ther Health; Intensive Outpatient: Intensive Outpatient | nl-Mental Health; Outpatient Therapy including Group Sessio rapy - Eating Disorder; Community Treatment Aide; Intensive nt- Eating Disorder; Intensive Outpatient: Intensive Outpatier | ns-Mental Health; Outpatient 1 e Outpatient: Intensive Outpati nt Therapy-Co-occurring; Asse | herapy including ent Therapy-Mental ssment: Pre- |
| Other Services: Morrow, Laurie | Education Class; Outpatient Therapy - Individua Family Sessions-Mental Health; Outpatient Ther Health; Intensive Outpatient: Intensive Outpatien Treatment Assessment (Medicaid); Assessment | nl-Mental Health; Outpatient Therapy including Group Sessio rapy - Eating Disorder; Community Treatment Aide; Intensive nt- Eating Disorder; Intensive Outpatient: Intensive Outpatier | ns-Mental Health; Outpatient 1 e Outpatient: Intensive Outpati nt Therapy-Co-occurring; Asse | herapy including ent Therapy-Mental ssment: Pre- |
| Morrow, Laurie Substance Abuse Services: | Education Class; Outpatient Therapy - Individua Family Sessions-Mental Health; Outpatient Ther Health; Intensive Outpatient: Intensive Outpatien Treatment Assessment (Medicaid); Assessment Bilingual Services; Oasis Counseling International Adult Non-Residential Services Intervention/Edu | nl-Mental Health; Outpatient Therapy including Group Sessio rapy - Eating Disorder; Community Treatment Aide; Intensive nt- Eating Disorder; Intensive Outpatient: Intensive Outpatier t: Mental Status Exam (MSE); Contracted Services: Tracker; | ns-Mental Health; Outpatient T e Outpatient: Intensive Outpati nt Therapy-Co-occurring; Asse Contracted Services: Electron | herapy including ent Therapy-Mental ssment: Pre- |
| Morrow, Laurie Substance Abuse Services: Mental Health Services: | Education Class; Outpatient Therapy - Individua Family Sessions-Mental Health; Outpatient Ther Health; Intensive Outpatient: Intensive Outpatien Treatment Assessment (Medicaid); Assessment Bilingual Services; Oasis Counseling International Adult Non-Residential Services Intervention/Edu Outpatient Therapy | al-Mental Health; Outpatient Therapy including Group Sessio rapy - Eating Disorder; Community Treatment Aide; Intensive nt- Eating Disorder; Intensive Outpatient: Intensive Outpatier t: Mental Status Exam (MSE); Contracted Services: Tracker; 221 W Douglas O'Neill NB 68763 ucation; Adult Non-Residential Services Outpatient - Groups | ns-Mental Health; Outpatient T e Outpatient: Intensive Outpati nt Therapy-Co-occurring; Asse Contracted Services: Electron | herapy including ent Therapy-Mental ssment: Pre- |
| Morrow, Laurie Substance Abuse Services: Mental Health Services: | Education Class; Outpatient Therapy - Individua Family Sessions-Mental Health; Outpatient There Health; Intensive Outpatient: Intensive Outpatient Treatment Assessment (Medicaid); Assessment Bilingual Services; Oasis Counseling International Adult Non-Residential Services Intervention/Edu Outpatient Therapy Non-Treatment: Family Support Worker; Non-Tr | Al-Mental Health; Outpatient Therapy including Group Sessio rapy - Eating Disorder; Community Treatment Aide; Intensive nt- Eating Disorder; Intensive Outpatient: Intensive Outpatier I: Mental Status Exam (MSE); Contracted Services: Tracker; 221 W Douglas O'Neill NB 68763 | ns-Mental Health; Outpatient T e Outpatient: Intensive Outpati nt Therapy-Co-occurring; Asse Contracted Services: Electron | herapy including ent Therapy-Mental ssment: Pre- |
| Morrow, Laurie Substance Abuse Services: Mental Health Services: Juvenile Services: | Education Class; Outpatient Therapy - Individua Family Sessions-Mental Health; Outpatient There Health; Intensive Outpatient: Intensive Outpatient Treatment Assessment (Medicaid); Assessment Bilingual Services; Oasis Counseling International Adult Non-Residential Services Intervention/Edu Outpatient Therapy Non-Treatment: Family Support Worker; Non-Tr | al-Mental Health; Outpatient Therapy including Group Sessio rapy - Eating Disorder; Community Treatment Aide; Intensive nt- Eating Disorder; Intensive Outpatient: Intensive Outpatier t: Mental Status Exam (MSE); Contracted Services: Tracker; 221 W Douglas O'Neill NB 68763 ucation; Adult Non-Residential Services Outpatient - Groups | ns-Mental Health; Outpatient T e Outpatient: Intensive Outpati nt Therapy-Co-occurring; Asse Contracted Services: Electron | herapy including ent Therapy-Mental ssment: Pre- |
| Morrow, Laurie Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Neuhalfen, Kristen | Education Class; Outpatient Therapy - Individua Family Sessions-Mental Health; Outpatient There Health; Intensive Outpatient: Intensive Outpatient Treatment Assessment (Medicaid); Assessment Bilingual Services; Oasis Counseling International Adult Non-Residential Services Intervention/Edu Outpatient Therapy Non-Treatment: Family Support Worker; Non-Tre The Link, Inc. Adult Non-Residential Services Intervention/Edu | Al-Mental Health; Outpatient Therapy including Group Sessio rapy - Eating Disorder; Community Treatment Aide; Intensive nt- Eating Disorder; Intensive Outpatient: Intensive Outpatier t: Mental Status Exam (MSE); Contracted Services: Tracker; 221 W Douglas O'Neill NB 68763 ucation; Adult Non-Residential Services Outpatient - Groups reatment: Supervised Visitation; Community Treatment Aide | ns-Mental Health; Outpatient T e Outpatient: Intensive Outpati t Therapy-Co-occurring; Asse Contracted Services: Electron (402)379-2030 (402)371-7213 Adult Non-Residential Service | Therapy including ent Therapy-Mental ssment: Pre- ic Monitoring |

| Name | Agency | Address | Phone | Fax |
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| Ohde, Ashton | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | outpatient Therapy - Individual-Mental Health; Outpatient Therapy i | ncluding Group Sessio | ns-Mental Health; |
| Other Services: | Outpatient Therapy including Family Sessions-IN | ental Health; Outpatient Therapy - Eating Disorder | | |
| Pelster-Hess, Brooke | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services Residential Services Intervention/Education; Juve | aluations; Adult Non-Residential Services Intervention/Education; Int - Family; Adult Non-Residential Services Outpatient - Individual Short Term Residential; Juvenile Assessment Services Substance enile Non-Residential Services Outpatient - Groups; Juvenile Non- Individual; Juvenile Non-Residential Services Intensive Outpatient T | ; Adult Non-Residential e Abuse Evaluations; J Residential Services O | Services Intensive uvenile Non- utpatient - Family; |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpa g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring | | |
| Other Services: | | | | |
| Petersen, Connie | Behavioral Health Specialist/Seekers of Serenity | 923 E Norfolk Ave Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| | Non-Residential Services Outpatient - Family; Ac Treatment; Adult Non-Residential Services Intens Substance Abuse Evaluations; Juvenile Non-Res Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | ssessment Services Substance Abuse Evaluations; Adult Non-Res lult Non-Residential Services Outpatient - Individual; Adult Non-Re sive Outpatient Treatment; Adult Residential Services Short Term I sidential Services Outpatient - Groups; Juvenile Non-Residential Se enile Non-Residential Services Outpatient - Co-Occurring Treatmer Co-Occurring; Psychological Evaluation; Outpatient Therapy | sidential Services Outr Residential; Juvenile A ervices Outpatient - Fa | atient - Co-Occurrin ssessment Services nily; Juvenile Non- |
| | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpa g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring SE); Assessment: Psychological Evaluation; Assessment: Co-Occ | ; Assessment: Pre-Tre | |
| Other Services: | Sliding Fee Scale; | - ,, | 3 | |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); P | sychological Evaluation; Outpatient Therapy; Mental Health Intens | sive Management | |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpa nent Assessment (Medicaid); Assessment: Mental Status Exam (M Assessment | | |
| Other Services: | - | | | |

| Name | Agency | Address | Phone | Fax |
|----------------------|--|---|--|---|
| Stahlecker, Rebecca | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Serv Ivenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment to-Occurring; Adults who Sexually Harm Evaluation; Outpatient Thera | dult Non-Residential vices Intervention/Ed esidential Services (| Services Outpatient - lucation; Juvenile |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occur tus Exam (MSE); Assessment: Juvenile Who Sexually Harm Risk As | ring; Assessment: P | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid) | t Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance / le Non-Residential Services Outpatient - Individual | Abuse Evaluations; | Juvenile Non- |
| | | o-Occurring; Adults who Sexually Harm Evaluation; Psychological Ev | | ., |
| | Mental Health; Outpatient Therapy - Youth Who S Who Sexually Harm; Assessment: Pre-Treatment Assessment: Juvenile Who Sexually Harm Risk A | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A Assessment; Assessment: Co-Occurring | nt: Intensive Outpat | ient Therapy-Youth |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|---|
| Stortvedt, Mark | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Adults who Sexually Harm | Evaluation; Outpati | ent Therapy |
| | Mental Health; Community Treatment Aide; Asse | utpatient Therapy including Group Sessions-Mental Health; Outpatier essment: Pre-Treatment Assessment (Medicaid) | t Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Sullivan, Michael | Michael Sullivan Counseling | 208 N. 5th St. Norfolk NB 68701-4155 | (402)750-7923 | (402)226-5161 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | rvices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | | | |
| 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 | 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 | venile Assessment | Services Substance |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Assessr | ment: Pre-Treatment Assessment (Medicaid) | | |
| Other Services: | | | | |
| Wagner, Alicia | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; Ac Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin Co-Occurring: Outpatient Therapy | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient Evaluations; Juveni es Outpatient - Famil |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | t Therapy including | Family Sessions- |
| | Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring | g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|--|
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E | aluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Se ducation; Juvenile Non-Residential Services Outpatient - Groups; Juv atient - Individual; Juvenile Non-Residential Services Outpatient - Co | amily; Adult Non-Re rvices Substance Ab venile Non-Residentia | sidential Services Juse Evaluations; al Services Outpatien |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- | psychosocial); Co-O | ccurring; Outpatient |
| 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; | | | |
| 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; Ar ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-R uvenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | dult Non-Residential vices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | • | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---|
| Brandyberry, Kyle | Heartland Counseling | 110 N Bailey PO Box 1209 North Platte NB 69101 | (308)534-6029 | (308)534-6961 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; As SE); Assessment: Co-Occurring | | |
| | | | | |
| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Adults who Sexually Harm Evaluation; Outpatient Thera | ру | |
| Juvenile Services: | | atient Therapy - Individual-Mental Health; Outpatient Therapy includir ental Health; Outpatient Therapy - Eating Disorder; Day Treatment Da ent: Mental Status Exam (MSE) | | |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| 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 Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Indi | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Dutpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatient g; Assessment: Pre-Treatment Assessment (Medicaid) | dult Non-Residential es Substance Abuse n-Residential Servic g Treatment; Juveni | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family le Non-Residential |
| Other Services: | Sliding Fee Scale; | | | |

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|----------------------------------|---------------------|
| 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 | vidual; Juvenile Assessment Se | rvices Substance |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; ;; Assessment: Pre-Treatment Assessment (Medicaid); Ass | | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Crouch, Samuel | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-1488 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Edu nt - Individual; Juvenile Assessment Services Substance A Services Outpatient - Groups; Juvenile Non-Residential Se | buse Evaluations; Juvenile Non | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; ient Assessment (Medicaid); Assessment: Co-Occurring | ; Outpatient Therapy - Eating Di | sorder; Outpatient |
| Other Services: | Sliding Fee Scale; | | | |
| Crouch, Samuel | Valley Youth Connections | 29 S Beltline HWY W Scottsbluff NB 69361 | (308)225-0500 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Putpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Th ental Health; Intensive Outpatient: Intensive Outpatient The | | |
| Other Services: | Sliding Fee Scale; | | | |
| 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/Edu tient - Co-Occurring Treatment; Juvenile Assessment Servi enile Non-Residential Services Outpatient - Individual; Juve | ices Substance Abuse Evaluation | ons; Juvenile Non- |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assess | ment (bio-psychosocial); Co-Oc | curring; Outpatient |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Contract of the second | utpatient Therapy including Family Sessions-Mental Health ent: Mental Status Exam (MSE); Assessment: Co-Occurrin | | rring; Assessment: |
| | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|---|
| Estrada, Marcia | | 3321 Avenue I Suite #3 Scottsbluff NB 69361-4587 | (308)631-6129 | (308)635-7412 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations; Juvenile Assessment Services Substance Abuse Evalu | ations | |
| Mental Health Services: | | enile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (| bio-psychosocial); Co-C | Occurring; Outpatient |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatient: Mental Status Exam (MSE); Assessment: Co-Occurring | atient Therapy - Co-occ | urring; Assessment: |
| Other Services: | | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| 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; Services Substance Abuse Evaluations; Juvenile Non-Residential S Treatment | | |
| Mental Health Services: | | enile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (| bio-psychosocial); Co-C | Occurring; Outpatient |
| Juvenile Services: | Non-Treatment: Family Support Worker; Non-Tre Evening Reporting; Non-Treatment: Anger Mana Outpatient Therapy including Group Sessions-Me | eatment: Supervised Visitation; Non-Treatment: Tutoring; Non-Tre gement Class; Non-Treatment: General Education Class; Outpati ental Health; Outpatient Therapy including Family Sessions-Menta by-Mental Health; Assessment: Pre-Treatment Assessment (Media | ent Therapy - Individual I Health; Outpatient The | -Mental Health; erapy - Co-occurring |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | 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 | ; Adult Non-Residential rvices Substance Abus Non-Residential Servic | Services Outpatient e Evaluations; Juven es Outpatient - Fami |
| | Pre-Treatment Assessment (bio-psychosocial); C | 1 17 | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpa g; Assessment: Pre-Treatment Assessment (Medicaid) | tient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax | |
|---------------------------------------|--|------------------------------------|---------------|---------------|--|
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 | |
| | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - ndividual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non- Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Pre-Treatment Assessment (bio-osvchosocial): Co-Occurring: Adults who Sexually Harm Evaluation: Psychological Evaluation: Outpatient Therapy | | | | |
| Juvenile Services: Other Services: | re-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation; Outpatient Therapy outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Session lental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Yo /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 | | | | |

| 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: | | valuations; Adult Non-Residential Services Outpatient - Individ services Substance Abuse Evaluations; Juvenile Non-Residen Treatment | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | 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 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Non-Residential Residential Services Outpatient - Family; Juvenile Treatment | valuations; Adult Non-Residential Services Intervention/Educa ent - Family; Adult Non-Residential Services Outpatient - Indiv ial Services Intervention/Education; Juvenile Non-Residential e Non-Residential Services Outpatient - Individual; Juvenile N | idual; Adult Non-Residential Services Outpatient - Group | Services Outpatient - s; Juvenile Non- |
| | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| | Assessment: Co-Occurring | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Educa ent - Family; Adult Non-Residential Services Outpatient - Indiv Services Intensive Outpatient Treatment; Juvenile Assessmer ; Juvenile Non-Residential Services Outpatient - Groups; Juve ndividual; Juvenile Non-Residential Services Outpatient - Co-C | idual; Adult Non-Residentia t Services Substance Abus enile Non-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | | utpatient Therapy including Group Sessions-Mental Health; C g; Assessment: Pre-Treatment Assessment (Medicaid) | Outpatient Therapy including | Family Sessions- |
| | | | | |

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

| Name | Agency | Address | Phone | Fax |
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| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I | dult Non-Residentia | Services Outpatien |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Other Services: | Sliding Fee Scale; | | | |
| Betka, Cindy | FGH Inc | 942 N 13th St. Geneva NB 68361 | (402)879-5959 | (402)759-3803 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual | ult Non-Residential | Services Outpatient |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy - Individual ient Therapy including Family Sessions-Mental Health; Outpatient The nent Assessment (Medicaid); Assessment: Co-Occurring | | |
| Brugger, Keri | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)382-5297 | (308)382-5315 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |
| Other Services: | | | g | |
| Cattau, Jeanne | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie Health; Assessment: Pre-Treatment Assessment (Medicaid); Assess | | |
| | | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| Cornwell, Shelli | Colegrove Counseling Center | 1460 35th Ave. Columbus NB 68601 | (402)562-6767 | |
| | Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Co-Occurring Treatment; Adult Non- Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia Residential Services Intensive Outpatient Treatm | | atient - Individual; Adult Non-R esidential Services Short Term /Education; Juvenile Non-Resid | esidential Services Residential; dential Services |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; C | Dutpatient Therapy - Co-occurr | ing; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Davies, Paul | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Adults who Sexually Harm Evaluation; Outpatien | ent Therapy | |
| | Non-Treatment: Family Support Worker; Non-Tre Non-Treatment: Anger Management Class; Non- | Co-Occurring; Adults who Sexually Harm Evaluation; Outpatien eatment: Intensive Family Preservation; Non-Treatment: Supe Treatment: Mentoring; Outpatient Therapy - Individual-Mental ating Disorder; Assessment: Pre-Treatment Assessment (Med | ervised Visitation; Non-Treatme I Health; Outpatient Therapy in | cluding Family |
| | Non-Treatment: Family Support Worker; Non-Tre Non-Treatment: Anger Management Class; Non- Sessions-Mental Health; Outpatient Therapy - Ea | eatment: Intensive Family Preservation; Non-Treatment: Supe Treatment: Mentoring; Outpatient Therapy - Individual-Mental | ervised Visitation; Non-Treatme I Health; Outpatient Therapy in | cluding Family |
| Juvenile Services: | Non-Treatment: Family Support Worker; Non-Tre Non-Treatment: Anger Management Class; Non- Sessions-Mental Health; Outpatient Therapy - Ea | eatment: Intensive Family Preservation; Non-Treatment: Supe Treatment: Mentoring; Outpatient Therapy - Individual-Mental | ervised Visitation; Non-Treatme I Health; Outpatient Therapy in | cluding Family |
| Juvenile Services: Other Services: | Non-Treatment: Family Support Worker; Non-Tre Non-Treatment: Anger Management Class; Non- Sessions-Mental Health; Outpatient Therapy - Ea Contracted Services: Tracker | eatment: Intensive Family Preservation; Non-Treatment: Supe Treatment: Mentoring; Outpatient Therapy - Individual-Mental ating Disorder; Assessment: Pre-Treatment Assessment (Med | ervised Visitation; Non-Treatme I Health; Outpatient Therapy in dicaid); Assessment: Mental St | cluding Family |
| Juvenile Services: Other Services: Freudenburg, Kendra Substance Abuse Services: | Non-Treatment: Family Support Worker; Non-Tre Non-Treatment: Anger Management Class; Non- Sessions-Mental Health; Outpatient Therapy - Ea Contracted Services: Tracker | eatment: Intensive Family Preservation; Non-Treatment: Supe Treatment: Mentoring; Outpatient Therapy - Individual-Mental ating Disorder; Assessment: Pre-Treatment Assessment (Med 200 N 34th PO Box 2315 Norfolk NB 68702 | ervised Visitation; Non-Treatme I Health; Outpatient Therapy in dicaid); Assessment: Mental St | cluding Family |
| Juvenile Services: Other Services: Freudenburg, Kendra Substance Abuse Services: Mental Health Services: | Non-Treatment: Family Support Worker; Non-Tre Non-Treatment: Anger Management Class; Non- Sessions-Mental Health; Outpatient Therapy - Ea Contracted Services: Tracker Good Life Counseling & Support Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O | eatment: Intensive Family Preservation; Non-Treatment: Supe Treatment: Mentoring; Outpatient Therapy - Individual-Mental ating Disorder; Assessment: Pre-Treatment Assessment (Med 200 N 34th PO Box 2315 Norfolk NB 68702 Dutpatient Therapy utpatient Therapy including Group Sessions-Mental Health; O | ervised Visitation; Non-Treatme I Health; Outpatient Therapy in dicaid); Assessment: Mental St (402)371-3044 | cluding Family atus Exam (MSE); |
| Juvenile Services: Other Services: Freudenburg, Kendra Substance Abuse Services: Mental Health Services: | Non-Treatment: Family Support Worker; Non-Tre Non-Treatment: Anger Management Class; Non- Sessions-Mental Health; Outpatient Therapy - Ea Contracted Services: Tracker Good Life Counseling & Support Pre-Treatment Assessment (bio-psychosocial); C | eatment: Intensive Family Preservation; Non-Treatment: Supe Treatment: Mentoring; Outpatient Therapy - Individual-Mental ating Disorder; Assessment: Pre-Treatment Assessment (Med 200 N 34th PO Box 2315 Norfolk NB 68702 Dutpatient Therapy utpatient Therapy including Group Sessions-Mental Health; O | ervised Visitation; Non-Treatme I Health; Outpatient Therapy in dicaid); Assessment: Mental St (402)371-3044 | cluding Family atus Exam (MSE); |
| Juvenile Services: Other Services: Freudenburg, Kendra Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Non-Treatment: Family Support Worker; Non-Tre Non-Treatment: Anger Management Class; Non- Sessions-Mental Health; Outpatient Therapy - Ea Contracted Services: Tracker Good Life Counseling & Support Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O | eatment: Intensive Family Preservation; Non-Treatment: Supe Treatment: Mentoring; Outpatient Therapy - Individual-Mental ating Disorder; Assessment: Pre-Treatment Assessment (Med 200 N 34th PO Box 2315 Norfolk NB 68702 Dutpatient Therapy utpatient Therapy including Group Sessions-Mental Health; O | ervised Visitation; Non-Treatme I Health; Outpatient Therapy in dicaid); Assessment: Mental St (402)371-3044 | cluding Family atus Exam (MSE); |
| Juvenile Services: Other Services: Freudenburg, Kendra Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Gadeken, Angela | Non-Treatment: Family Support Worker; Non-Treatment: Anger Management Class; Non-Sessions-Mental Health; Outpatient Therapy - Ea Contracted Services: Tracker Good Life Counseling & Support Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Eating Disor Good Life Counseling & Support | eatment: Intensive Family Preservation; Non-Treatment: Supe Treatment: Mentoring; Outpatient Therapy - Individual-Mental ating Disorder; Assessment: Pre-Treatment Assessment (Med 200 N 34th PO Box 2315 Norfolk NB 68702 Dutpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Order | ervised Visitation; Non-Treatme I Health; Outpatient Therapy in dicaid); Assessment: Mental St (402)371-3044 Dutpatient Therapy including Fa (402)371-3044 | cluding Family atus Exam (MSE); |
| Juvenile Services: Other Services: Freudenburg, Kendra Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Gadeken, Angela Substance Abuse Services: | Non-Treatment: Family Support Worker; Non-Treatment: Anger Management Class; Non-Sessions-Mental Health; Outpatient Therapy - Ea Contracted Services: Tracker Good Life Counseling & Support Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Eating Disor Good Life Counseling & Support | atment: Intensive Family Preservation; Non-Treatment: Supe Treatment: Mentoring; Outpatient Therapy - Individual-Mental ating Disorder; Assessment: Pre-Treatment Assessment (Med 200 N 34th PO Box 2315 Norfolk NB 68702 Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Order 200 N 34th PO Box 2315 Norfolk NB 68702 200 N 34th PO Box 2315 Norfolk NB 68702 valuations; Juvenile Assessment Services Substance Abuse E | ervised Visitation; Non-Treatme I Health; Outpatient Therapy in dicaid); Assessment: Mental St (402)371-3044 Dutpatient Therapy including Fa (402)371-3044 | cluding Family atus Exam (MSE); |
| Juvenile Services: Other Services: Freudenburg, Kendra Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Gadeken, Angela Substance Abuse Services: Mental Health Services: | Non-Treatment: Family Support Worker; Non-Treatment: Anger Management Class; Non-Sessions-Mental Health; Outpatient Therapy - Ea Contracted Services: Tracker Good Life Counseling & Support Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Eating Disor Good Life Counseling & Support Adult Assessment Services Substance Abuse Ex Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: Intensive Family Preservation; C | atment: Intensive Family Preservation; Non-Treatment: Supe Treatment: Mentoring; Outpatient Therapy - Individual-Mental ating Disorder; Assessment: Pre-Treatment Assessment (Med 200 N 34th PO Box 2315 Norfolk NB 68702 Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Order 200 N 34th PO Box 2315 Norfolk NB 68702 200 N 34th PO Box 2315 Norfolk NB 68702 valuations; Juvenile Assessment Services Substance Abuse E | ervised Visitation; Non-Treatme I Health; Outpatient Therapy in dicaid); Assessment: Mental St (402)371-3044 Dutpatient Therapy including Fa (402)371-3044 Evaluations | cluding Family atus Exam (MSE); amily Sessions- |

| Name | Agency | Address | Phone | Fax |
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| Griffin, Melissa | Meadows Behavioral Health INC. | 3314 26th St, Ste A Columbus NB 68601 | (402)564-9888 | (402)564-9899 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | ing Treatment; Adult | Non-Residential |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Hergott, Mariah | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services | | dult Non-Residential buse Evaluations; Ju | Services Intensive venile Non- |
| 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 | | Family Sessions- |
| Other Services: | (Medicaid); Assessment: Co-Occurring Sliding Fee Scale; | | | |
| Other Services: Hunter, Linda | Sliding Fee Scale; Northeast Nebraska Psychological | 408 N Oakland Ave Oakland NB 68045 | (402)685-4130 | |
| | Sliding Fee Scale; Northeast Nebraska Psychological Services, PC | 408 N Oakland Ave Oakland NB 68045 | | tment Assessment |
| Hunter, Linda Substance Abuse Services: | Sliding Fee Scale; Northeast Nebraska Psychological Services, PC | 408 N Oakland Ave Oakland NB 68045 Treatment Assessment (bio-psychosocial); Psychological Evaluation; | (402)685-4130 | tment Assessment |
| Hunter, Linda Substance Abuse Services: Mental Health Services: | Sliding Fee Scale; Northeast Nebraska Psychological Services, PC Juvenile Pre-Treatment Assessment (PTA); Pre- Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who | | (402)685-4130 Outpatient Therapy Int Therapy including re-Treatment Assess | (402)685-4132 Family Sessions- ment (Medicaid); |
| Hunter, Linda Substance Abuse Services: Mental Health Services: Juvenile Services: | Sliding Fee Scale; Northeast Nebraska Psychological Services, PC Juvenile Pre-Treatment Assessment (PTA); Pre- Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who | Treatment Assessment (bio-psychosocial); Psychological Evaluation; utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: P | (402)685-4130 Outpatient Therapy Int Therapy including re-Treatment Assess | (402)685-4132 Family Sessions- ment (Medicaid); |
| Hunter, Linda Substance Abuse Services: Mental Health Services: Juvenile Services: | Sliding Fee Scale; Northeast Nebraska Psychological Services, PC Juvenile Pre-Treatment Assessment (PTA); Pre- Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who Assessment: Mental Status Exam (MSE); Assess | Treatment Assessment (bio-psychosocial); Psychological Evaluation; utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: P | (402)685-4130 Outpatient Therapy Int Therapy including re-Treatment Assess | (402)685-4132 Family Sessions- ment (Medicaid); |
| Hunter, Linda Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Sliding Fee Scale; Northeast Nebraska Psychological Services, PC Juvenile Pre-Treatment Assessment (PTA); Pre- Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Youth Who Assessment: Mental Status Exam (MSE); Assess Sliding Fee Scale; Community Justice Center | Treatment Assessment (bio-psychosocial); Psychological Evaluation; utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: P sment: Psychological Evaluation; Assessment: Juvenile Who Sexually | (402)685-4130 Outpatient Therapy nt Therapy including re-Treatment Assess Harm Risk Assessn | (402)685-4132 Family Sessions- ment (Medicaid); |
| Hunter, Linda Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Jones, James | Sliding Fee Scale; Northeast Nebraska Psychological Services, PC Juvenile Pre-Treatment Assessment (PTA); Pre- Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who Assessment: Mental Status Exam (MSE); Assess Sliding Fee Scale; Community Justice Center | Treatment Assessment (bio-psychosocial); Psychological Evaluation; utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: P sment: Psychological Evaluation; Assessment: Juvenile Who Sexually | (402)685-4130 Outpatient Therapy nt Therapy including re-Treatment Assess Harm Risk Assessn | (402)685-4132 Family Sessions- ment (Medicaid); |
| Hunter, Linda Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: | Sliding Fee Scale; Northeast Nebraska Psychological Services, PC Juvenile Pre-Treatment Assessment (PTA); Pre- Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who Assessment: Mental Status Exam (MSE); Assess Sliding Fee Scale; Community Justice Center | Treatment Assessment (bio-psychosocial); Psychological Evaluation; utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: P sment: Psychological Evaluation; Assessment: Juvenile Who Sexually PO Box 22746 Lincoln NB 68542 | (402)685-4130 Outpatient Therapy nt Therapy including re-Treatment Assess Harm Risk Assessn | (402)685-4132 Family Sessions- ment (Medicaid); |

| 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 |
| , | 3 11 | | · · · · | () |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | | | duration Classe Out | n ationst Theorem |
| Juvenile Services: | Individual-Mental Health; Outpatient Therapy inclu | on-Treatment: Anger Management Class; Non-Treatment: General E uding Group Sessions-Mental Health; Outpatient Therapy including F ensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intens aid); Assessment: Co-Occurring | amily Sessions-Mer | ntal Health; Outpatient |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpatie | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental H py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ting Disorder; Outpa t Therapy-Youth Wh | atient Therapy - Co- to Sexually Harm; |
| Other Services: | | | | |
| Milander-Mace, Amanda | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre-T | Treatment Assessment (bio-psychosocial); Outpatient Therapy | | |
| Juvenile Services: | | on-Treatment: Anger Management Class; Outpatient Therapy - Indivi ient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessm | | Outpatient Therapy |
| Other Services: | | | | |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| Substance Abuse Services: | | cation; Adult Non-Residential Services Outpatient - Groups; Adult Nor idual; Adult Non-Residential Services Outpatient - Co-Occurring Trea | | |
| Mental Health Services: Juvenile Services: Other Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |

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

| Name | Agency | Address | Phone | Fax |
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| Ohde, Ashton | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | Dutpatient Therapy - Individual-Mental Health; Outpatient Therapy lental Health; Outpatient Therapy - Eating Disorder | including Group Session | s-Mental Health; |
| Other Services: | | entar health, Outpatient merapy - Lating Disorder | | |
| Pelster-Hess, Brooke | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services Residential Services Intervention/Education; Juv | valuations; Adult Non-Residential Services Intervention/Educatior ent - Family; Adult Non-Residential Services Outpatient - Individua s Short Term Residential; Juvenile Assessment Services Substan enile Non-Residential Services Outpatient - Groups; Juvenile Non ndividual; Juvenile Non-Residential Services Intensive Outpatient | al; Adult Non-Residential ice Abuse Evaluations; Ju n-Residential Services Ou | Services Intensive venile Non- itpatient - Family; |
| Juvenile Services: Other Services: | | outpatient Therapy including Group Sessions-Mental Health; Outp g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurrir | | |
| | | | | |
| Rowley, Abbie | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)920-2809 | |
| Substance Abuse Services: Mental Health Services: | Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring | valuations; Adult Non-Residential Services Outpatient - Individual Services Substance Abuse Evaluations; Juvenile Non-Residential Freatment | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; C | Dutpatient Therapy - Individual-Mental Health | | |
| Other Services: | | | | |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); F | Psychological Evaluation; Outpatient Therapy; Mental Health Inter | nsive Management | |
| Juvenile Services: | | outpatient Therapy including Family Sessions-Mental Health; Outp nent Assessment (Medicaid); Assessment: Mental Status Exam (Assessment | | |
| Other Services | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Stahlecker, Rebecca | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-R venile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment o-Occurring; Adults who Sexually Harm Evaluation; Outpatient Thera | dult Non-Residential vices Intervention/Ec esidential Services (| Services Outpatient |
| | Non-Treatment: Intensive Family Preservation; O Outpatient Therapy - Youth Who Sexually Harm; | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occur tus Exam (MSE); Assessment: Juvenile Who Sexually Harm Risk As | uding Family Sessio ring; Assessment: P | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin utpatient Therapy | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient Evaluations; Juveni es Outpatient - Famil |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpatier y; Assessment: Pre-Treatment Assessment (Medicaid) | t Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ve Outpatient Treatment; Juvenile Assessment Services Substance e Non-Residential Services Outpatient - Individual | Abuse Evaluations; | Juvenile Non- |
| | | o-Occurring; Adults who Sexually Harm Evaluation; Psychological Ev | | ., |
| | Mental Health; Outpatient Therapy - Youth Who S Who Sexually Harm; Assessment: Pre-Treatment Assessment: Juvenile Who Sexually Harm Risk A | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A Assessment; Assessment: Co-Occurring | nt: Intensive Outpat | ient Therapy-Youth |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Sullivan, Michael | Michael Sullivan Counseling | 208 N. 5th St. Norfolk NB 68701-4155 | (402)750-7923 | (402)226-5161 |
| | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Jutpatient Therapy | | rvices Outpatient - |
| Juvenile Services: 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 | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; Jurvices Intervention/Education; Juvenile Non-Residential Services Out | uvenile Assessment | Services Substance |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: Other Services: | Non-Treatment: Family Support Worker; Assessr | nent: Pre-Treatment Assessment (Medicaid) | | |
| Other Dervices. | | | | |
| Trotta, Beverly | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (402)942-9007 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E | aluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Se ducation; Juvenile Non-Residential Services Outpatient - Groups; Jur Patient - Individual; Juvenile Non-Residential Services Outpatient - Co | Family; Adult Non-Re rvices Substance At venile Non-Resident | esidential Services buse Evaluations; ial Services Outpatien |
| Mental Health Services: | | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio | psychosocial); Co-C | Occurring; Outpatient |
| Juvenile Services: | including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy - Individual ent Therapy including Family Sessions-Mental Health; Outpatient Th | -Mental Health; Outp erapy - Co-occurring | oatient Therapy ; Assessment: Pre- |
| Other Services: | Treatment Assessment (Medicaid); Assessment: Sliding Fee Scale; | Co-Occurring | | |

| 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 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 Ivenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | dult Non-Residential vices Intervention/Ec | Services Outpatient lucation; Juvenile |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| 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/Ed Outpatient - Groups; Juvenile Non-Residential Services | aluations; Adult Non-Residential Services Intervention/Education; as Outpatient - Groups; Adult Non-Residential Services Outpatient vices Outpatient - Co-Occurring Treatment; Adult Non-Residential ducation; Juvenile Non-Residential Services Care Monitoring SA/M ervices Outpatient - Family; Juvenile Non-Residential Services Out uvenile Non-Residential Services Intensive Outpatient Treatment | - Family; Adult Non-Res Services Intensive Out /IH; Juvenile Non-Resid | sidential Services patient Treatment; ential Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpat ;; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healt | | |
| Other Services: | Sliding Fee Scale; | 5 | | |
| Connor, Shawnda | Healing Hope Counseling LLC | 815 Flack Ave Alliance NB 69301 | (308)225-6572 | (308)217-4277 |
| Substance Abuse Services: | | ly; Adult Non-Residential Services Outpatient - Individual; Adult Ne ervices Outpatient - Family; Juvenile Non-Residential Services Ou | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpa | tient Therapy - Co-occu | rring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Crouch, Samuel | Valley Youth Connections | 29 S Beltline HWY W Scottsbluff NB 69361 | (308)225-0500 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | utpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy i ental Health; Intensive Outpatient: Intensive Outpatient Therapy-M | | |
| Other Services: | Sliding Fee Scale; | | | |
| Crouch, Samuel | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-1488 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; nt - Individual; Juvenile Assessment Services Substance Abuse E Services Outpatient - Groups; Juvenile Non-Residential Services | valuations; Juvenile Nor | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpatient Assessment (Medicaid); Assessment: Co-Occurring | tient Therapy - Eating D | isorder; Outpatient |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Crouch, Samuel | | 120 E 16th St Suite C Scottsbluff NB 69361 | (308)225-0500 | |
| | Abuse Evaluations; Juvenile Non-Residential Ser | | uvenile Assessment S | ervices Substance |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpati ;; Assessment: Pre-Treatment Assessment (Medicaid); Assessmer | | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Estrada, Marcia | | 3321 Avenue I Suite #3 Scottsbluff NB 69361-4587 | (308)631-6129 | (308)635-7412 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evalua | tions | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bi | io-psychosocial); Co-C | Occurring; Outpatient |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpat ent: Mental Status Exam (MSE); Assessment: Co-Occurring | ient Therapy - Co-occ | urring; Assessment: |
| Other Services: | | | | |
| Estrada, Marcia | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-2256 | (308)635-1271 |
| | Individual; Adult Non-Residential Services Outpat Residential Services Intervention/Education; Juve Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Education; A tient - Co-Occurring Treatment; Juvenile Assessment Services Sub enile Non-Residential Services Outpatient - Individual; Juvenile Nor nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bi | stance Abuse Evaluat h-Residential Services | ions; Juvenile Non- Outpatient - Co- |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpat | ient Therapy - Co-occ | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | ent: Mental Status Exam (MSE); Assessment: Co-Occurring | | |
| Harding, Maryah | Inspirit Counseling | 709 W 4th St Suite 2 Chadron NB 69337 | (308)430-1944 | (775)667-6079 |
| Substance Abuse Services: | | | | |
| | Pre-Treatment Assessment (bio-psychosocial); O | Outpatient Therapy | | |
| | Outpatient Therapy - Individual-Mental Health | | | |
| Other Services: | | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: 0 | General Education Class | | |
| | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Leach, Michael | | 3321 Ave. I, Suite 100 Scottsbluff NB 69361 | (308)762-2723 | (308)217-4277 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Ad tient - Co-Occurring Treatment; Juvenile Assessment Services Su e Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpa ient: Mental Status Exam (MSE); Assessment: Co-Occurring | atient Therapy - Co-occu | urring; Assessment: |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Men py including Family Sessions-Mental Health; Outpatient Therapy ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpa | - Eating Disorder; Outpa tient Therapy-Youth Wh | atient Therapy - Co- o Sexually Harm; |
| | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Fos | ter Care (Relative/Kinsh | iip) |
| Other Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Fos | ter Care (Relative/Kinsh | ip) |
| Other Services: Price, Amanda | Assessment: Pre-Treatment Assessment (Medica Inspirit Counseling | aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Fos 709 W 4th St Suite 2 Chadron NB 69337 | ter Care (Relative/Kinsh (308)430-1944 | ip) |
| | | | · | ip) |
| Price, Amanda Substance Abuse Services: | | 709 W 4th St Suite 2 Chadron NB 69337 | · | ip) |
| Price, Amanda Substance Abuse Services: Mental Health Services: | Inspirit Counseling Pre-Treatment Assessment (bio-psychosocial); C | 709 W 4th St Suite 2 Chadron NB 69337 Dutpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpa | (308)430-1944 | |
| Price, Amanda Substance Abuse Services: Mental Health Services: Juvenile Services: | Inspirit Counseling Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O | 709 W 4th St Suite 2 Chadron NB 69337 Dutpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpa | (308)430-1944 | |
| Price, Amanda Substance Abuse Services: Mental Health Services: Juvenile Services: | Inspirit Counseling Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Assessment: Pre-Treatment Asse | 709 W 4th St Suite 2 Chadron NB 69337 Dutpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpa | (308)430-1944 | |
| Price, Amanda Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Raney, Sandra | Inspirit Counseling Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Assessment: Pre-Treatment Asses Sliding Fee Scale; Open Door Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment; Juvenile Assessment S | 709 W 4th St Suite 2 Chadron NB 69337 Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatient Medicaid) 1870 9th St Gering NB 69341 raluations; Adult Non-Residential Services Outpatient - Individual; rervices Substance Abuse Evaluations; Juvenile Non-Residential Services Services Services Substance Abuse Evaluations; Juvenile Services Ser | (308)430-1944 tient Therapy including (308)225-4335 Adult Non-Residential S | Family Sessions- (308)633-2020 Services Outpatient |
| Price, Amanda Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Raney, Sandra Substance Abuse Services: | Inspirit Counseling Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Assessment: Pre-Treatment Asses Sliding Fee Scale; Open Door Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T | 709 W 4th St Suite 2 Chadron NB 69337 Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatient Medicaid) 1870 9th St Gering NB 69341 raluations; Adult Non-Residential Services Outpatient - Individual; rervices Substance Abuse Evaluations; Juvenile Non-Residential Services Services Services Substance Abuse Evaluations; Juvenile Services Ser | (308)430-1944 tient Therapy including (308)225-4335 Adult Non-Residential S Services Outpatient - Inc | Family Sessions- (308)633-2020 Services Outpatient dividual; Juvenile No |
| Price, Amanda Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Raney, Sandra Substance Abuse Services: Mental Health Services: | Inspirit Counseling Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Assessment: Pre-Treatment Asses Sliding Fee Scale; Open Door Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T Juvenile Pre-Treatment Assessment (PTA); Juve Therapy Non-Treatment: Family Support Worker; Non-Treat Evening Reporting; Non-Treatment: Anger Manag Outpatient Therapy including Group Sessions-Met | 709 W 4th St Suite 2 Chadron NB 69337 Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatient Issment (Medicaid) 1870 9th St Gering NB 69341 raluations; Adult Non-Residential Services Outpatient - Individual; revrices Substance Abuse Evaluations; Juvenile Non-Residential Streatment | (308)430-1944 tient Therapy including (308)225-4335 Adult Non-Residential S Services Outpatient - Inc bio-psychosocial); Co-C atment: Day Reporting; ent Therapy - Individual- I Health; Outpatient The | Family Sessions- (308)633-2020 Services Outpatient dividual; Juvenile No occurring; Outpatien Non-Treatment: Mental Health; erapy - Co-occurring |

| Name | Agency | Address | Phone | Fax |
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| | | | | |
| Rodriquez-Fletcher, Lori | Options in Psychology, LLC | 2622 Ave C Scottsbluff NB 69361 | (308)632-8547 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; tient - Co-Occurring Treatment; Juvenile Assessment Services e Non-Residential Services Outpatient - Individual; Juvenile No | Substance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Ou ent: Mental Status Exam (MSE); Assessment: Co-Occurring | utpatient Therapy - Co-occi | urring; Assessment: |
| Other Services: | | · · · · | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Aduse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Educati nt - Family; Adult Non-Residential Services Outpatient - Indivic Services Intensive Outpatient Treatment; Juvenile Assessment Juvenile Non-Residential Services Outpatient - Groups; Juver Idividual; Juvenile Non-Residential Services Outpatient - Co-O | dual; Adult Non-Residential Services Substance Abuse nile Non-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Putpatient Therapy | | |
| Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | ບutpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Ou g; Assessment: Pre-Treatment Assessment (Medicaid) | utpatient Therapy including | Family Sessions- |
| Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Content of the cont | utpatient Therapy including Group Sessions-Mental Health; Ou | utpatient Therapy including | Family Sessions- |
| Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Ou | utpatient Therapy including (417)413-0085 | Family Sessions- (308)832-4844 |
| Juvenile Services: Other Services: Stermensky, Dr. Gage Substance Abuse Services: | Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juveni | utpatient Therapy including Group Sessions-Mental Health; Ou g; Assessment: Pre-Treatment Assessment (Medicaid) | (417)413-0085 ; Adult Non-Residential Sec stance Abuse Evaluations; . | (308)832-4844 rvices Outpatient - Juvenile Non- |
| Juvenile Services: Other Services: Stermensky, Dr. Gage Substance Abuse Services: Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Out Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenii Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Out Mental Health; Outpatient Therapy - Youth Who S Who Sexually Harm; Assessment: Pre-Treatment Assessment: Juvenile Who Sexually Harm Risk A | utpatient Therapy including Group Sessions-Mental Health; Ou ; Assessment: Pre-Treatment Assessment (Medicaid) 1811 Avenue A Scottsbluff NB 69361 aluations; Adult Non-Residential Services Outpatient - Groups ive Outpatient Treatment; Juvenile Assessment Services Subs le Non-Residential Services Outpatient - Individual to-Occurring; Adults who Sexually Harm Evaluation; Psycholog utpatient Therapy including Group Sessions-Mental Health; Ou Sexually Harm; Outpatient Therapy - Co-occurring; Intensive C t Assessment (Medicaid); Assessment: Mental Status Exam (N | (417)413-0085 ; Adult Non-Residential Sec stance Abuse Evaluations; s gical Evaluation; Outpatient utpatient Therapy including outpatient: Intensive Outpat | (308)832-4844 rvices Outpatient - Juvenile Non- Therapy Family Sessions- ient Therapy-Youth |
| Juvenile Services: Other Services: Stermensky, Dr. Gage Substance Abuse Services: Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juveni Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Youth Who S Who Sexually Harm; Assessment: Pre-Treatment | utpatient Therapy including Group Sessions-Mental Health; Ou ; Assessment: Pre-Treatment Assessment (Medicaid) 1811 Avenue A Scottsbluff NB 69361 aluations; Adult Non-Residential Services Outpatient - Groups ive Outpatient Treatment; Juvenile Assessment Services Subs le Non-Residential Services Outpatient - Individual to-Occurring; Adults who Sexually Harm Evaluation; Psycholog utpatient Therapy including Group Sessions-Mental Health; Ou Sexually Harm; Outpatient Therapy - Co-occurring; Intensive C t Assessment (Medicaid); Assessment: Mental Status Exam (N | (417)413-0085 ; Adult Non-Residential Sec stance Abuse Evaluations; s gical Evaluation; Outpatient utpatient Therapy including outpatient: Intensive Outpat | (308)832-4844 rvices Outpatient - Juvenile Non- Therapy Family Sessions- ient Therapy-Youth |
| Juvenile Services: Other Services: Stermensky, Dr. Gage Substance Abuse Services: Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Out Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenii Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Out Mental Health; Outpatient Therapy - Youth Who S Who Sexually Harm; Assessment: Pre-Treatment Assessment: Juvenile Who Sexually Harm Risk A | utpatient Therapy including Group Sessions-Mental Health; Ou ; Assessment: Pre-Treatment Assessment (Medicaid) 1811 Avenue A Scottsbluff NB 69361 aluations; Adult Non-Residential Services Outpatient - Groups ive Outpatient Treatment; Juvenile Assessment Services Subs le Non-Residential Services Outpatient - Individual to-Occurring; Adults who Sexually Harm Evaluation; Psycholog utpatient Therapy including Group Sessions-Mental Health; Ou Sexually Harm; Outpatient Therapy - Co-occurring; Intensive C t Assessment (Medicaid); Assessment: Mental Status Exam (N | (417)413-0085 ; Adult Non-Residential Sec stance Abuse Evaluations; s gical Evaluation; Outpatient utpatient Therapy including outpatient: Intensive Outpat | (308)832-4844 rvices Outpatient - Juvenile Non- Therapy Family Sessions- ient Therapy-Youth |

| Name | Agency | Address | Phone | Fax |
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| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I | dult Non-Residential | Services Outpatient - |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Other Services: | Sliding Fee Scale; | | | |
| Brooks, Cristy | Good Life Counseling & Support | 118 E State St Atkinson NB 68713 | (402)340-0022 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; O | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl | luding Family Sessior | ns-Mental Health |
| Other Services: | | | | |
| Brown, Nicholas | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | Family; Adult Non-Res | sidential Services |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| | Sliding Fee Scale; Bilingual Services; | | | |
| Hamstra, Emily | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | |
| Mental Health Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Juvenile Pre-Treatment Assessment (PTA); Pre- Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati | aluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Intervention/Educati al Services Outpatient - Groups; Juvenile Non-Residential Services C inile Non-Residential Services Outpatient - Co-Occurring Treatment; Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Treatment: General Education Class; Outpatient Therapy - Individual ent Therapy including Family Sessions-Mental Health; Outpatient The Treatment Day Treatment-Mental Health; Assessment: Pre-Treatment | Family; Adult Non-Res ervices Intensive Outp on; Juvenile Non-Res Dutpatient - Family; Ju Juvenile Non-Resider Therapy -Mental Health; Outpa erapy - Co-occurring; | sidential Services patient Treatment; sidential Services ivenile Non- ntial Services atient Therapy Intensive Outpatient: |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---|
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | • |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abus n-Residential Servic | Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Individual-Mental Health; Outpatient Therapy inc | Ion-Treatment: Anger Management Class; Non-Treatment: General E luding Group Sessions-Mental Health; Outpatient Therapy including F ensive Outpatient Therapy-Mental Health; Intensive Outpatient: Inten aid): Assessment: Co-Occurring | amily Sessions-Mer | ntal Health; Outpatien |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpat | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental apy including Family Sessions-Mental Health; Outpatient Therapy - Ea ient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatier aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ating Disorder; Outpa It Therapy-Youth Wh | atient Therapy - Co- to Sexually Harm; |
| Other Services: | | | | |
| Morrow, Laurie | Oasis Counseling International | 221 W Douglas O'Neill NB 68763 | (402)379-2030 | |
| Substance Abuse Services: | Adult Non-Residential Services Intervention/Edu | cation; Adult Non-Residential Services Outpatient - Groups | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Non-Tre | eatment: Supervised Visitation; Community Treatment Aide | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| leuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| Substance Abuse Services: | | cation; Adult Non-Residential Services Outpatient - Groups; Ad vidual; Adult Non-Residential Services Outpatient - Co-Occurrin | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Dhde, Ashton | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | Outpatient Therapy - Individual-Mental Health; Outpatient Thera ental Health; Outpatient Therapy - Eating Disorder | py including Group Session | ns-Mental Health; |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Educati ent - Family; Adult Non-Residential Services Outpatient - Indivic Services Intensive Outpatient Treatment; Juvenile Assessment ; Juvenile Non-Residential Services Outpatient - Groups; Juver ndividual; Juvenile Non-Residential Services Outpatient - Co-O | lual; Adult Non-Residential Services Substance Abuse hile Non-Residential Servic | Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Ou g; Assessment: Pre-Treatment Assessment (Medicaid) | Itpatient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| | | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni | valuations; Adult Non-Residential Services Outpatient - Groups ive Outpatient Treatment; Juvenile Assessment Services Subs le Non-Residential Services Outpatient - Individual | ; Adult Non-Residential Ser tance Abuse Evaluations; C | vices Outpatient - luvenile Non- |
| Substance Abuse Services: Mental Health Services: | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni Pre-Treatment Assessment (bio-psychosocial); C | valuations; Adult Non-Residential Services Outpatient - Groups ive Outpatient Treatment; Juvenile Assessment Services Subs le Non-Residential Services Outpatient - Individual Co-Occurring; Adults who Sexually Harm Evaluation; Psycholog | ; Adult Non-Residential Ser tance Abuse Evaluations; ; gical Evaluation; Outpatient | vices Outpatient - luvenile Non- Therapy |
| Substance Abuse Services: Mental Health Services: | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who | valuations; Adult Non-Residential Services Outpatient - Groups ive Outpatient Treatment; Juvenile Assessment Services Subs le Non-Residential Services Outpatient - Individual Co-Occurring; Adults who Sexually Harm Evaluation; Psycholog utpatient Therapy including Group Sessions-Mental Health; Ou Sexually Harm; Outpatient Therapy - Co-occurring; Intensive O t Assessment (Medicaid); Assessment: Mental Status Exam (N | ; Adult Non-Residential Ser tance Abuse Evaluations; ; gical Evaluation; Outpatient ttpatient Therapy including utpatient: Intensive Outpat | vices Outpatient - luvenile Non- Therapy Family Sessions- ent Therapy-Youth |

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

| Name | Agency | Address | Phone | Fax |
|---------------------|-------------------------------------|---|---------------|-----|
| Williamson, Michael | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | |
| | | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Individual; / co-Occurring; Outpatient Therapy | | |
| | | atient Therapy - Individual-Mental Health; Outpatient Therapy includ ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera Co-Occurring | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | raluations; Adult Non-Residential Services Intervention/Education; Ar ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services | Adult Non-Residential | Services Outpatient - |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Other Services: | Sliding Fee Scale; | | | |
| Brown, Nicholas | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | raluations; Adult Non-Residential Services Intervention/Education; A es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential S | Family; Adult Non-Re | sidential Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Other Services: Davis-Jackson, Sally | Sliding Fee Scale; Bilingual Services; Midwest Country Clinic | Box 26 202 East HWY 20 Bassett NB 68714 | (402)684-2908 | (402)913-3454 |
| Davis-Jackson, Sally | Midwest Country Clinic Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Outpatient - Individual; Ac ervices Substance Abuse Evaluations; Juvenile Non-Residential Se | dult Non-Residential S | Services Outpatient - |
| Davis-Jackson, Sally Substance Abuse Services: | Midwest Country Clinic Adult Assessment Services Substance Abuse Ev | valuations; Adult Non-Residential Services Outpatient - Individual; Ac ervices Substance Abuse Evaluations; Juvenile Non-Residential Se reatment | dult Non-Residential S | Services Outpatient - |
| Davis-Jackson, Sally Substance Abuse Services: Mental Health Services: | Midwest Country Clinic Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T Pre-Treatment Assessment (bio-psychosocial); C | valuations; Adult Non-Residential Services Outpatient - Individual; Ac ervices Substance Abuse Evaluations; Juvenile Non-Residential Se reatment | dult Non-Residential S | Services Outpatient - |
| Davis-Jackson, Sally Substance Abuse Services: Mental Health Services: | Midwest Country Clinic Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Outpatient - Individual-Mental Health; Outpa | valuations; Adult Non-Residential Services Outpatient - Individual; Ac iervices Substance Abuse Evaluations; Juvenile Non-Residential Se ireatment Co-Occurring; Outpatient Therapy | dult Non-Residential S | Services Outpatient - |
| Davis-Jackson, Sally Substance Abuse Services: Mental Health Services: Juvenile Services: | Midwest Country Clinic Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Outpatient - Individual-Mental Health; Outpa | valuations; Adult Non-Residential Services Outpatient - Individual; Ac iervices Substance Abuse Evaluations; Juvenile Non-Residential Se ireatment Co-Occurring; Outpatient Therapy | dult Non-Residential S | Services Outpatient - |
| Davis-Jackson, Sally Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Dearmont, Melissa | Midwest Country Clinic Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Or Midwest Country Clinic Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Non-Residential | raluations; Adult Non-Residential Services Outpatient - Individual; Ac ervices Substance Abuse Evaluations; Juvenile Non-Residential Se reatment Co-Occurring; Outpatient Therapy utpatient Therapy - Co-occurring; Assessment: Co-Occurring | (402)684-2908 (402)684-2908 dult Non-Residential S Adult Non-Residential S | Gervices Outpatient - dividual; Juvenile Nor (402)913-3454 Services Outpatient - Services Outpatient - s; Juvenile Non- |
| Davis-Jackson, Sally Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Dearmont, Melissa Substance Abuse Services: | Midwest Country Clinic Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Or Midwest Country Clinic Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatient Co-Occurring Treatment; Juvenile Non-Residential Residential Services Outpatient - Family; Juvenile | raluations; Adult Non-Residential Services Outpatient - Individual; Active Substance Abuse Evaluations; Juvenile Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Co-Occurring; Outpatient Therapy utpatient Therapy - Co-occurring; Assessment: Co-Occurring Box 26 202 East HWY 20 Bassett NB 68714 raluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; A and - Family; Adult Non-Residential Services Outpatient - Individual; A al Services Intervention/Education; Juvenile Non-Residential Services e Non-Residential Services Outpatient - Individual; Autor Services Outpatient - Indivi | (402)684-2908 (402)684-2908 dult Non-Residential S Adult Non-Residential S | Gervices Outpatient - dividual; Juvenile Non (402)913-3454 Services Outpatient - Services Outpatient - s; Juvenile Non- |
| Davis-Jackson, Sally Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Dearmont, Melissa Substance Abuse Services: Mental Health Services: | Midwest Country Clinic Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Or Midwest Country Clinic Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Non-Residential Residential Services Outpatient - Family; Juvenile Treatment | raluations; Adult Non-Residential Services Outpatient - Individual; Active Substance Abuse Evaluations; Juvenile Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Co-Occurring; Outpatient Therapy utpatient Therapy - Co-occurring; Assessment: Co-Occurring Box 26 202 East HWY 20 Bassett NB 68714 raluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; A and - Family; Adult Non-Residential Services Outpatient - Individual; A al Services Intervention/Education; Juvenile Non-Residential Services e Non-Residential Services Outpatient - Individual; Autor Services Outpatient - Indivi | (402)684-2908 (402)684-2908 dult Non-Residential S Adult Non-Residential S | Gervices Outpatient - dividual; Juvenile Nor (402)913-3454 Services Outpatient - Services Outpatient - s; Juvenile Non- |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|---|
| Hamstra, Emily | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | aluations; Adult Non-Residential Services Intervention/Education; Adu es Outpatient - Groups; Adult Non-Residential Services Outpatient - F rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se Evaluations; Juvenile Non-Residential Services Intervention/Education al Services Outpatient - Groups; Juvenile Non-Residential Services O enile Non-Residential Services Outpatient - Co-Occurring Treatment; C | amily; Adult Non-Res arvices Intensive Outp on; Juvenile Non-Res utpatient - Family; Ju | sidential Services patient Treatment; sidential Services venile Non- |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient | Therapy | |
| Juvenile Services: | including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy - Individual- ent Therapy including Family Sessions-Mental Health; Outpatient The Treatment Day Treatment-Mental Health; Assessment: Pre-Treatment | erapy - Co-occurring; | Intensive Outpatient: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non idividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family |
| | | | duantian Clanas Outr | atient Thereny |
| Juvenile Services: | Individual-Mental Health; Outpatient Therapy incl | on-Treatment: Anger Management Class; Non-Treatment: General E uding Group Sessions-Mental Health; Outpatient Therapy including F ensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intens aid); Assessment: Co-Occurring | amily Sessions-Ment | al Health; Outpatient |
| Other Services: | , , , , , , , , , , , , , , , , , , , | · • | | |

| Name | Agency | Address | Phone | Fax |
|---|--|--|--|---|
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental H py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ating Disorder; Outpa t Therapy-Youth Wh | itient Therapy - Co- o Sexually Harm; |
| Other Services: | | | | |
| Morrow, Laurie | Oasis Counseling International | 221 W Douglas O'Neill NB 68763 | (402)379-2030 | |
| Substance Abuse Services: | Adult Non-Residential Services Intervention/Educ | cation; Adult Non-Residential Services Outpatient - Groups | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Non-Tre | atment: Supervised Visitation; Community Treatment Aide | | |
| Other Services: | | | | |
| Schawang-Smith, Kim | Heartland Counseling Services, Inc. | | | |
| | Theartiand Courseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | |
| | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie | 221 West Douglas St O'Neill NB 68/63 aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | ult Non-Residential | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad | ult Non-Residential | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | raluations; Adult Non-Residential Services Intervention/Education; Ad Int - Family; Adult Non-Residential Services Outpatient - Individual; Ad | ult Non-Residential | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | raluations; Adult Non-Residential Services Intervention/Education; Ad Int - Family; Adult Non-Residential Services Outpatient - Individual; Ad | ult Non-Residential | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C | raluations; Adult Non-Residential Services Intervention/Education; Ad Int - Family; Adult Non-Residential Services Outpatient - Individual; Ad | ult Non-Residential | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Starman, Beverly Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adunt - Family; Adult Non-Residential Services Outpatient Therapy 4432 Sunrise Place Columbus NB 68601 Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adunt - Family; Adult Non-Residential Services Outpatient - Co-Occurring; Juvenile Non-Residential Services Outpatient - Co-Oc | ult Non-Residential S dult Non-Residential (402)370-3140 ult Non-Residential dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient Services Outpatient - Services Outpatient Evaluations; Juveni es Outpatient - Famil |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Starman, Beverly Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C | aluations; Adult Non-Residential Services Intervention/Education; Ad ant - Family; Adult Non-Residential Services Outpatient - Individual; Ad co-Occurring; Crisis Stabilization; Outpatient Therapy 4432 Sunrise Place Columbus NB 68601 aluations; Adult Non-Residential Services Intervention/Education; Ad ant - Family; Adult Non-Residential Services Outpatient - Individual; Ac Services Intensive Outpatient Treatment; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin Outpatient Therapy | ult Non-Residential S dult Non-Residential (402)370-3140 ult Non-Residential dult Non-Residential es Substance Abuse n-Residential Servic g Treatment; Juveni | Services Outpatient Services Outpatient - Services Outpatient e Evaluations; Juveni es Outpatient - Famil le Non-Residential |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Starman, Beverly Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Ir Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O | Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adunt - Family; Adult Non-Residential Services Outpatient Therapy 4432 Sunrise Place Columbus NB 68601 Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Adunt - Family; Adult Non-Residential Services Outpatient - Co-Occurring; Juvenile Non-Residential Services Outpatient - Co-Oc | ult Non-Residential S dult Non-Residential (402)370-3140 ult Non-Residential dult Non-Residential es Substance Abuse n-Residential Servic g Treatment; Juveni | Services Outpatient - Services Outpatient - Services Outpatient - Evaluations; Juvenil es Outpatient - Family le Non-Residential |

| Name | Agency | Address | Phone | Fax | | |
|---------------------------|--|---|----------------------|---------------|--|--|
| Stortvedt, Mark | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 | | |
| Substance Abuse Services: | | | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Adults who Sexually Harn | n Evaluation; Outpat | ient Therapy | | |
| | | Dutpatient 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) Sliding Fee Scale; | | | | |
| Williamson, Michael | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | | | |
| | | valuations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Co-Occurring; Outpatient Therapy | | | | |
| | on-Treatment: Assessment (bio-psychosocial), Co-Occurring, Outpatient Therapy on-Treatment: Anger Management Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; intpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Pre- reatment Assessment (Medicaid); Assessment: Co-Occurring liding Fee Scale; | | | | | |

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|---------------------------|--|---|---|--|
| Name | Agency | Address | Phone | Fax |
| Alfrey , Kerry | Kerry L Alfrey LLC | 403 Lexington Circle Grand Island NB 68803 | (402)335-7908 | |
| | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur | ring Treatment | rvices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Adults who Sexually Harm Evaluation; Outpatient Ther | ару | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Co-occurring; Assessment: Pre sment: Juvenile Who Sexually Harm Risk Assessment; Assessment: | -Treatment Assessm | |
| Other Services: | | | | |
| Babutzke, Jamie | South Central Behavioral Services | 3810 Central AVE Kearney NB 68847 | (402)463-5684 | (402)463-5686 |
| Mental Health Services: | Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education | ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servi ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No adividual; Juvenile Non-Residential Services Outpatient - Co-Occurri Co-Occurring; Outpatient Therapy | ces Substance Abus on-Residential Servic | e Evaluations; Juveni es Outpatient - Famil |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment | | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Boken, Agrini | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (308)455-0844 | (308)455-1402 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| 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 | aluations; 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: | | | | |
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| Name | Agency | | Address | Phone | Fax |
|---------------------------------------|---|--|---|--|-----------------------|
| Bomberger, Molly | Kearney Counseling Associates | 2811 30th Ave. | Kearney NB 68845 | (308)237-6865 | |
| | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpatent - Family; Juvenile Treatment | tient - Co-Occurring e Non-Residential S | Treatment; Juvenile Assessment Services Subs ervices Outpatient - Individual; Juvenile Non-Res | tance Abuse Evaluat sidential Services Ou | ions; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Adults | who Sexually Harm Evaluation; Outpatient Ther | ару | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me Pre-Treatment Assessment (Medicaid); Assessment | | | | ccurring; Assessment |
| Other Services: | | | | | |
| Bomberger, Molly | South Central Behavioral Services | 3810 Central AV | /E Kearney NB 68847 | (308)293-0954 | (308)237-5953 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenil Juvenile Non-Residential Services Outpatient - In | nt - Individual; Adult e Assessment Servi | Non-Residential Services Outpatient - Co-Occur ces Substance Abuse Evaluations; Juvenile Non | ring Treatment; Adul -Residential Service | t Non-Residential |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Adults | who Sexually Harm Evaluation; Outpatient Ther | ару | |
| Juvenile Services: | | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Braimah, Rafiu | Alpha Life Improvement Services | 1905 Harney str | eet, suite 710 Omaha NB 68102 | (402)515-4874 | |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Outpatient Therapy | | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; Co | ommunity Treatmen | t Aide; Assessment: Pre-Treatment Assessment | (Medicaid) | |
| Buller, Daniel | Crossroads Center | 702 W 14th St H | Hastings NB 68901 | (307)921-8657 | |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Outpatient Therapy | | | | |
| Juvenile Services: | | | | | |
| Other Services: | | | | | |
| Carlson, Nancy | Counseling Toward Hope | 710 Burlington | Holdrege NB 68949 | (308)995-6691 | (855)995-6830 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier | , | | | Services Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | ing riodinoni | |
| Juvenile Services: | | | | | |
| Other Services: | | | | | |

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| Name | Agency | Address | Phone | Fax |
| Carlson, Scott | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)658-3737 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Chasek, Christine | Insight Counseling and Recovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)865-8361 | |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| Mental Health Services: Juvenile Services: Other Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Crouch, Marvin | Marv Crouch Counseling Services | 2811 30th Ave Kearney NB 68845 | (308)237-6865 | (308)237-7698 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Intervention/Education; Juvenile Non-Residential; Juvenile Non-Residential Services Outpatient - Co-Occurring | ring Treatment; Juven idential Services Outp | ile Assessment |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio | -psychosocial); Co-Oo | ccurring; Outpatient |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Indi | utpatient Therapy including Family Sessions-Mental Health; Outpatien nent Assessment (Medicaid); Assessment: Mental Status Exam (MS | ent Therapy - Eating D E) | isorder; Outpatient |
| Other Services: | | | | |
| Daily, Sherry | | 2100 4th Ave Kearney NB 68845 | (308)830-3618 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Intervention/Education; Juvenile Non-Residential; Juvenile Non-Residential Services Outpatient - Co-Occurring | ring Treatment; Juven idential Services Outp | ile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; Ou Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatie | ent Therapy - Co-occu | rring; Assessment: |

| Name | Agency | Address | Phone | Fax |
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| DeJonge, Sherri | The SAFE Center | 620 E. 25th St., Suite 14 Kearney NB 68847 | (308)440-1341 | |
| Substance Abuse Services | | | | |
| Mental Health Services | Outpatient Therapy | | | |
| Juvenile Services | | | | |
| Other Services | | | | |
| DeLaet, Theodore | Theodore J. DeLaet, PhD, PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 |
| Substance Abuse Services | | | | |
| Mental Health Services | | nile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment A | ssessment (bio-psy | chosocial); Adults wh |
| Juvenile Services | Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); SE); Assessment: Psychological Evaluation; Assessment: Juvenile V | Assessment: Outpa | tient Psychiatric |
| Other Services | | | | |
| EagleFeather Moreno, | South Central Behavioral Services | 616 W 5th St Hastings NB 68901 | (402)463-5684 | |
| Substance Abuse Services | | valuations; Adult Non-Residential Services Outpatient - Groups; Adult | | rvices Outpatient - |
| Mental Health Services | Pre-Treatment Assessment (bio-psychosocial); C | nt - Individual; Adult Non-Residential Services Intensive Outpatient There is a service outpatient Therapy | eatment | |
| Juvenile Services | | | | |
| Other Services | Sliding Fee Scale; Bilingual Services; | | | |
| Eigenberg, Amy | Insight Counseling and Recovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)237-0391 | (308)708-7452 |
| 0 0, 3 | | 2300 W Jaili St. Suile D Reamey ND 00045 | (308)237-0391 | (300)/00-/432 |
| Substance Abuse Services | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Education; Ac nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Intervention/Education; Juvenile Non-Res ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | lult Non-Residential ring Treatment; Juve idential 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 - Ir | valuations; Adult Non-Residential Services Intervention/Education; Ac nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurs Non-Residential Services Intervention/Education; Juvenile Non-Res | lult Non-Residential ring Treatment; Juve idential Services Out ng Treatment | Services Outpatient - nile Assessment |
| 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 Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O | raluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Residential; Juvenile Non-Residential Services Outpatient - Co-Occurrin Co-Occurring; Adults who Sexually Harm Evaluation; Outpatient Therapy including Family Sessions-Mental Health; Outpatier Pre-Treatment Assessment (Medicaid); Assessment: Mental Status | lult Non-Residential ring Treatment; Juve idential Services Out ng Treatment apy nt Therapy - Youth V | Services Outpatient - nile Assessment tpatient - Family; Who Sexually Harm; |

| 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 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: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Adults who Sexually Harm Evaluation; Outpatient Thera | ару | |
| | Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatie ent: Co-Occurring | nt Therapy - Co-occu | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Hensley, Emily | New Hope Psychiatry LLC | 2908 West 39th St Suite B Kearney NB 68845 | (308)237-0391 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Medication Evaluation | | | |
| Juvenile Services: | | | | |
| | | | | |
| Other Services: | | | | |
| Other Services: Hock, Sarah | South Central Behavioral Services | PO Box 1716 Kearney NB 68848 | (308)237-5951 | (308)237-5953 |
| Hock, Sarah | South Central Behavioral Services Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- amily; Juvenile Non-Residential Services Outpatient - Individual; Juve | Non-Residential Ser ing Treatment; Adult Residential Services | rvices Outpatient - t Non-Residential s Outpatient - Groups; |
| Hock, Sarah Substance Abuse Services: | South Central Behavioral 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 | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- amily; Juvenile Non-Residential Services Outpatient - Individual; Juve | Non-Residential Sel ing Treatment; Adult Residential Services enile Non-Residentia | rvices Outpatient - t Non-Residential s Outpatient - Groups; |
| Hock, Sarah Substance Abuse Services: Mental Health Services: | South Central Behavioral 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-Residentia Juvenile Pre-Treatment Assessment (PTA); Pre-T Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- amily; Juvenile Non-Residential Services Outpatient - Individual; Juven al Services Intensive Outpatient Treatment | Non-Residential Sel ing Treatment; Adult Residential Services enile Non-Residentia Therapy nt Therapy including | rvices Outpatient - t Non-Residential s Outpatient - Groups I Services Outpatient Family Sessions- |
| Hock, Sarah Substance Abuse Services: Mental Health Services: Juvenile Services: | South Central Behavioral 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-Residentia Juvenile Pre-Treatment Assessment (PTA); Pre-T Outpatient Therapy - Individual-Mental Health; Ou | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- amily; Juvenile Non-Residential Services Outpatient - Individual; Juven al Services Intensive Outpatient Treatment Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient utpatient Therapy including Group Sessions-Mental Health; Outpatier | Non-Residential Sel ing Treatment; Adult Residential Services enile Non-Residentia Therapy nt Therapy including | rvices Outpatient - t Non-Residential s Outpatient - Groups; I Services Outpatient Family Sessions- |
| Hock, Sarah Substance Abuse Services: Mental Health Services: Juvenile Services: | South Central Behavioral 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 Juvenile Pre-Treatment Assessment (PTA); Pre-T Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- amily; Juvenile Non-Residential Services Outpatient - Individual; Juven al Services Intensive Outpatient Treatment Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient utpatient Therapy including Group Sessions-Mental Health; Outpatier | Non-Residential Sel ing Treatment; Adult Residential Services enile Non-Residentia Therapy nt Therapy including | rvices Outpatient - t Non-Residential s Outpatient - Groups I Services Outpatient Family Sessions- |
| Hock, Sarah Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Hof, Kiphany | South Central Behavioral 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-Residentia Juvenile Pre-Treatment Assessment (PTA); Pre-T Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring Sliding Fee Scale; Counseling Care UNK | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- amily; Juvenile Non-Residential Services Outpatient - Individual; Juven al Services Intensive Outpatient Treatment Freatment Assessment (bio-psychosocial); Co-Occurring; Outpatient utpatient Therapy including Group Sessions-Mental Health; Outpatient g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | Non-Residential Sel ing Treatment; Adult Residential Services enile Non-Residentia Therapy nt Therapy including ssessment: Pre-Trea | rvices Outpatient - t Non-Residential s Outpatient - Groups Il Services Outpatient Family Sessions- atment Assessment |
| Hock, Sarah Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Hof, Kiphany Substance Abuse Services: | South Central Behavioral 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-Residentia Juvenile Pre-Treatment Assessment (PTA); Pre-T Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring Sliding Fee Scale; Counseling Care UNK | aluations; Adult Non-Residential Services Outpatient - Groups; Adult aluations; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- amily; Juvenile Non-Residential Services Outpatient - Individual; Juve al Services Intensive Outpatient Treatment Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient utpatient Therapy including Group Sessions-Mental Health; Outpatient g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A 2510 11th Ave MSAB 144 Kearney NB 68847 ration; Adult Non-Residential Services Outpatient - Individual | Non-Residential Sel ing Treatment; Adult Residential Services enile Non-Residentia Therapy nt Therapy including ssessment: Pre-Trea | rvices Outpatient - t Non-Residential s Outpatient - Groups Il Services Outpatient Family Sessions- atment Assessment |
| Hock, Sarah Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Hof, Kiphany Substance Abuse Services: | South Central Behavioral 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-Residentia Juvenile Pre-Treatment Assessment (PTA); Pre-T Outpatient Therapy - Individual-Mental Health; Out Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring Sliding Fee Scale; Counseling Care UNK Adult Non-Residential Services Intervention/Educ Pre-Treatment Assessment (bio-psychosocial); O | aluations; Adult Non-Residential Services Outpatient - Groups; Adult aluations; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- amily; Juvenile Non-Residential Services Outpatient - Individual; Juve al Services Intensive Outpatient Treatment Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient utpatient Therapy including Group Sessions-Mental Health; Outpatient g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A 2510 11th Ave MSAB 144 Kearney NB 68847 ration; Adult Non-Residential Services Outpatient - Individual | Non-Residential Sel ing Treatment; Adult Residential Services enile Non-Residentia Therapy nt Therapy including ssessment: Pre-Trea | rvices Outpatient - t Non-Residential s Outpatient - Groups I Services Outpatient Family Sessions- atment Assessment |

| Name | Agency | Address | Phone | Fax |
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| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | al Evaluation; Assess | ment: Juvenile Who |
| Other Services: | Sexually Harm Risk Assessment | | | |
| Hoyt, David | Dave Hoyt Counseling LLC | 1917 West Faidley Ave Grand Island NB 68803 | (308)627-7061 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa Residential Services Outpatient - Family; Juvenil Treatment | valuations; Adult Non-Residential Services Outpatient - Family; Adult atient - Co-Occurring Treatment; Juvenile Assessment Services Subsi le Non-Residential Services Outpatient - Individual; Juvenile Non-Res | tance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | | | | |
| | | outpatient Therapy including Family Sessions-Mental Health; Outpatie | ent Therapy - Co-occi | irring |
| Other Services: | Sliding Fee Scale; | | | |
| Hruby, Kristine | | 1811 West 2nd St. suite 450 Grand Island NB 68801 | (308)390-5508 | (308)339-0962 |
| Substance Abuse Services: Mental Health Services: | Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Non-Residential Services Outpatient - Groups; Juvenile Non-Reside ; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ring Treatment; Juve ential Services Outpa | nile Assessment tient - Family; Juvenil |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C Pre-Treatment Assessment (Medicaid) | outpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occi | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Iwan, Deb | Central Nebraska Roots & Wings | 5 W 36th St Kearney NB 68847 | (308)708-1308 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Johnson (Aswegan), Betty | | 2210 30th Ave. Kearney NB 68845 | (308)440-8054 | (308)234-6604 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; Ac ent - Family; Adult Non-Residential Services Outpatient - Individual; Ju rvices Intervention/Education; Juvenile Non-Residential Services Out dential Services Outpatient - Individual | uvenile Assessment | Services Substance |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C | outpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Eating | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Disorder; Outpatient Therapy - Co-occurring; As Occurring Sliding Fee Scale; Bilingual Services; | ssessment: Pre-Treatment Assessment (Medicaid); Assessme | ent: Mental Status Exam (MS | E); Assessment: Co- |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | : General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Kelly, Mike | South Central Behavioral Services | 616 W 5th St Hastings, NB 68901 | (402)326-7329 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Grou | | rvices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| ent - Individual; Adult Non-Residential Services Outpatient - C | o-Occurring Treatment | |
| Juvenile Services: | The mediment Assessment (Sie psychological), | oo oodannig | | |
| | Sliding Fee Scale; | | | |
| | Silding ree Scale, | | | |
| Kennedy, Jr., William T. | | 2267 N Webb Rd Grand Island NB 68803 | (308)390-6948 | (308)624-2164 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Educ ient - Family; Adult Non-Residential Services Outpatient - Indi | | Services Outpatient - |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Krantz, Nicole | Insight Counseling and Recovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)237-0391 | (308)708-7452 |
| | Co-Occurring Treatment; Juvenile Assessment Residential Services Outpatient - Co-Occurring | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | Dutpatient Therapy including Family Sessions-Mental Health; ment: Mental Status Exam (MSE); Assessment: Co-Occurring | | urring; Assessment: |
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| Name | Agency | Address | Phone | Fax |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri lon-Residential Services Partial Care; Adult Residential Services Dual Services Short Term Residential | ng Treatment; Adult | Non-Residential |
| | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Outpatient | t Therapy | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; Ir | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatien ental Health; Outpatient Therapy including Family Sessions-Mental Healt rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healt ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment | ealth; Outpatient The h; Intensive Outpatie | erapy - Youth Who ent: Intensive |
| Other Services: | | | | |
| Luth, Shannon | Insight Counseling and Recovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)237-0391 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult 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: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier ient: Mental Status Exam (MSE); Assessment: Co-Occurring | nt Therapy - Co-occu | urring; Assessment: |
| Other Services: | The freatment Assessment (Meulcald), Assessm | ient. Mental Status Exam (MSE), Assessment. 60-0000ming | | |
| 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 | | dult Non-Residential rices Intervention/Ed esidential Services (| Services Outpatient lucation; Juvenile Dutpatient - Individual |
| | | Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Ev | • | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Co-occurring; Assessment: Pre- sment: Psychological Evaluation; Assessment: Juvenile Who Sexually | Treatment Assessm | ent (Medicaid); |

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

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | |
| Mayfield, Liz | Hope Harbor Inc | 615 W 1st Street Grand Island NB 68801 | (308)385-5190 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| McDowell, Meredith | Monty Shultz Counseling and NeuroFeedback | 2002 Central Ave Kearney NB 68847-4473 | (308)708-9379 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | valuations; Adult Non-Residential Services Intervention/Education; A es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential e Evaluations; Juvenile Non-Residential Services Intervention/Educa al Services Outpatient - Groups; Juvenile Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatment | Family; Adult Non-Re Services Intensive Ou tion; Juvenile Non-Re Outpatient - Family; J | esidential Services tpatient Treatment; esidential Services uvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpati rder; Assessment: Pre-Treatment Assessment (Medicaid) | ent Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | ····· | | |
| Meyer, Mandy | Mandy Meyer Counseling LLC | 2804 2nd Ave Kearney NB 68847 | (308)455-3435 | (308)455-3437 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenil | valuations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu le Assessment Services Substance Abuse Evaluations; Juvenile No family; Juvenile Non-Residential Services Outpatient - Individual; Ju ial Services Intensive Outpatient Treatment | rring Treatment; Adul n-Residential Service | t Non-Residential s Outpatient - Groups |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Crisis Phone Line; Outpatient Therapy | | |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Outpati surring; Assessment: Pre-Treatment Assessment (Medicaid); Assess | | urring; Intensive |
| Other Services: | | | general of occurring | |
| Newman, Rocky | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (308)384-7896 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Nickel, Janah | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (308)455-1400 | (308)455-1402 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Olson, Nicole | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (308)455-0844 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Price-Wells, Cherisa | ResCare Workforce Services | 3720 N 27th St Ste 6 Lincoln NB 68521 | (402)458-4925 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Riessland, Bryce | | 124 W. 46th Ave. Suite 105 Kearney NB 68848 | (308)440-5294 | (308)388-5545 |
| | | | | |
| Rivera, Elia | | 312 North Elm Street Suite 105 Grand Island NB 68801 | (308)383-2208 | |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; J Juvenile Non-Residential Services Outpatient - O Pre-Treatment Assessment (bio-psychosocial); O | | Adult Non-Residentia rvices Intervention/Ed Residential Services | I Services Outpatient ducation; Juvenile Outpatient - Individua |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---|
| Santiago, Heather | Kearney's Village | 824 E 25th St Kearney NB 68847 | (308)234-2408 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |
| Schoenefeld, Karrie | South Central Behavioral Services | 3810 Central AVE Kearney NB 68847 | (308)237-5951 | (308)237-5953 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education; Ac ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residentia ces Substance Abus on-Residential Servic | Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| Schroeder, Ashley | South Central Behavioral Services | 3810 Central AVE Kearney NB 68847 | (308)237-5951 | (308)237-5953 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenil | valuations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur le Assessment Services Substance Abuse Evaluations; Juvenile Non family; Juvenile Non-Residential Services Outpatient - Individual; Juve ial Services Intensive Outpatient Treatment | ring Treatment; Adul -Residential Service | t Non-Residential s Outpatient - Groups |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie | | Family Sessions- |
| Other Services: | Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; | g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | Co-Occurring | |
| Smith, Ryan | Ryan Smith Counseling Services LLC | 3000 2nd Ave Suite 204 Kearney NB 68847 | (308)455-3435 | (308)455-3437 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Family; Adult | Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | Individual; Adult Non-Residential Services Outpa Juvenile Pre-Treatment Assessment (PTA): Pre- | ttient - Co-Occurring Treatment Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient | Therapy | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|--|--|---|--|
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); P | sychological Evaluation; Outpatient Therapy; Mental Health Intensive | e Management | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie nent Assessment (Medicaid); Assessment: Mental Status Exam (MSE Assessment | | |
| Other Services: | | | | |
| Snyder, Margaret H | Kearney Counseling Associates | 2811 30th Ave. Kearney NB 68845 | (308)237-6865 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment | Non-Residential Serv | ices Outpatient - |
| Mental Health Services: | Outpatient Therapy | , and the second s | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Service ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No adividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenil s Outpatient - Family |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | Dutpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including I | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Stuehm, Nadine | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)865-8738 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser H; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N tient - Individual | dult Non-Residential vices Intervention/Ed | Services Outpatient ucation; Juvenile |
| Mental Health Services: | | Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient | Therapy | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health | | |

| Name | Agency | Address | Phone | Fax |
|--|--|---|---|---------------------------------------|
| Swanson, Kirbie | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (308)455-1400 | (308)455-1402 |
| Substance Abuse Services: Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Switzer, Anteshia | South Central Behavioral Services | 616 W 5th St Hastings NB 68901 | (402)463-5684 | (402)463-5686 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)383-1622 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | dult Non-Residential vices Intervention/Ed | Services Outpatient ucation; Juvenile |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | , o | | |
| 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; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser venile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | dult Non-Residential vices Intervention/Ed | Services Outpatient ucation; Juvenile |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | 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: | | - | | |

| Name | Agency | Address | Phone | Fax | |
|---------------------------|---|--|---------------|-----|--|
| Yendra, Sarah | Insight Counseling and Recovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)237-0391 | | |
| 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; Juver Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | tient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions- Il Health; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring | | | |
| Other Services: | | <i>,,</i> , , , , , , , , , , , , , , , , , , | | | |

| Name | Agency | Address | Phone | Fax |
|---|--|---|----------------------|-----------------------|
| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I | dult Non-Residential | Services Outpatient - |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Other Services: | Sliding Fee Scale; | | | |
| Bendy, Laurie | | 11840 Nicholas Street, Suite 200 Omaha NB 68154 | (402)807-2569 | |
| | | raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr co-Occurring; Outpatient Therapy | | vices Outpatient - |
| Other Services: | Sliding Fee Scale; | | | |
| Braun, Diane | Braun Counseling Services, LLC | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)980-7600 | (402)502-5102 |
| | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A co-Occurring; Outpatient Therapy | | |
| Brostad, Greg | Resolution Treatment Services | 505 5th Street Suite #225 Sioux city IA 51101 | (515)493-4787 | |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Content of the second s | dults who Sexually Harm Evaluation; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatier y-Youth Who Sexually Harm; Assessment: Pre-Treatment Assessme ly Harm Risk Assessment | | |
| Brown, Nicholas | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | raluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | amily; Adult Non-Re | sidential Services |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|--|
| Other Services: | Sliding Fee Scale; Bilingual Services; | | • | |
| Carlson, Stanley | Carlson Counseling Services LLC | 230 E 22nd St Ste 3 Fremont NB 68025 | (402)721-8805 | (402)727-4839 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subst e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | ance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve | nile Co-Occurring Evaluation (C/O); Juvenile Youth Who Sexually Ha dults who Sexually Harm Evaluation; Outpatient Therapy | arm Evaluation (YWS | SH); Pre-Treatment |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Content of the second s | utpatient Therapy including Family Sessions-Mental Health; Outpatie Pre-Treatment Assessment (Medicaid); Assessment: Mental Status | | Who 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 t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- amily; Juvenile Non-Residential Services Outpatient - Individual; Juvenile al Services Intensive Outpatient Treatment | ing Treatment; Adult Residential Services | t Non-Residential s Outpatient - Groups |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Freatment Assessment (bio-psychosocial); Co-Occurring; Outpatient | Therapy | |
| Juvenile Services: | | utpatient Therapy - Co-occurring; Community Treatment Aide; Intens ient Assessment (Medicaid); Assessment: Mental Status Exam (MSE | | sive Outpatient |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | | -) | |
| Cottam, Glenda | Cottam Psychological Services | 2730 S 87th Ave Omaha NB 68124-3045 | (402)331-8085 | (402)331-8265 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); P | sychological Evaluation; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Content of the second s | utpatient Therapy including Family Sessions-Mental Health; Assessm | nent: Psychological E | Evaluation |
| Other Services: | | | | |
| DeLaet, Theodore | Theodore J. DeLaet, PhD, PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Sexually Harm Evaluation; Psychological Evaluat | nile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment A ion: Outnatient Therapy | ssessment (bio-psyc | chosocial); Adults wh |
| Juvenile Services: | 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); SE); Assessment: Psychological Evaluation; Assessment: Juvenile V | Assessment: Outpa | tient Psychiatric |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|--|---|--|--|--|
| Hallstrom, Debra | | 2170 N. Platte Ave. Fremont NB 68025 | (402)720-8220 | (402)753-6445 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adu t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Intervention/Education; Juvenile Non-Resid dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | ng Treatment; Juve dential Services Out | nile Assessment |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juven Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- | psychosocial); Co-C | Occurring; Outpatient |
| Juvenile Services: | | Itpatient Therapy including Group Sessions-Mental Health; Outpatien der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment / curring | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Hamstra, Emily | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adu s Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se Evaluations; Juvenile Non-Residential Services Intervention/Education I Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient Non-Residential Services Outpatient - Co-Occurring Treatment; J | amily; Adult Non-Re prvices Intensive Out on; Juvenile Non-Re utpatient - Family; Ju luvenile Non-Reside | esidential Services tpatient Treatment; sidential Services uvenile Non- |
| | Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpatie | Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Treatment: General Education Class; Outpatient Therapy - Individual- ent Therapy including Family Sessions-Mental Health; Outpatient The Treatment Day Treatment-Mental Health; Assessment: Pre-Treatment | Mental Health; Outperapy - Co-occurring | ; Intensive Outpatient |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Hergott, Mariah | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatien Outpatient Treatment; Adult Residential Services | | dult Non-Residential buse Evaluations; Ju | Services Intensive uvenile Non- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring | itpatient Therapy including Group Sessions-Mental Health; Outpatien ; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; As | | |
| Other Services: | Sliding Fee Scale; | | | |

| NameAgencyAddressPhotomHolmgreen, AmandaStrategic Psychological Services LLCPO Box 22571 Lincoln NB 68542(402)858-7Substance Abuse Services: Mental Health Services: Juvenile Services: Outpatient Therapy - Youth Who Sexually Harm Evaluation; Psychological Evaluation Sexually Harm Risk Assessment Other Services:PO Box 22571 Lincoln NB 68542(402)858-7 | 7774 |
|---|---|
| Substance Abuse Services: Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Adults who Sexually Harm Evaluation; Psychological Evaluation Juvenile Services: Outpatient Therapy - Youth Who Sexually Harm; Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; Sexually Harm Risk Assessment | |
| Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Adults who Sexually Harm Evaluation; Psychological Evaluation Juvenile Services: Outpatient Therapy - Youth Who Sexually Harm; Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; Sexually Harm Risk Assessment | Assessment: Juvenile Who |
| Juvenile Services: Outpatient Therapy - Youth Who Sexually Harm; Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; Sexually Harm Risk Assessment | Assessment: Juvenile Who |
| Sexually Harm Risk Assessment | Assessment: Juvenile Who |
| | |
| | |
| Hunter, Linda Northeast Nebraska Psychological 408 N Oakland Ave Oakland NB 68045 (402)685-4 Services, PC | 4130 (402)685-4132 |
| Substance Abuse Services: | |
| Mental Health Services: Juvenile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Outpatient Th | nerapy |
| Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy inc Mental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; Assessment: Juvenile Who Sexually Harm Risk A | Assessment (Medicaid); |
| Other Services: Sliding Fee Scale; | |
| Jones, JamesCommunity Justice CenterPO Box 22746Lincoln NB 68542(402)429-1 | 1050 |
| Substance Abuse Services: | |
| Mental Health Services: Outpatient Therapy | |
| Juvenile Services: Non-Treatment: Day Reporting; Non-Treatment: General Education Class | |
| Other Services: Sliding Fee Scale; | |
| Kubo, DanaGood Life Counseling & Support200 N 34th PO Box 2315Norfolk NB 68702(402)371-3 | 3044 (402)371-9643 |
| | Initial Services Outpatient |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intervent; Juvenile Assessment Services Substance Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Services Intensive Outpatient Treatment | idential Services Outpatien e Abuse Evaluations; Juver Services Outpatient - Fam |
| Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Resi Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; | idential Services Outpatien e Abuse Evaluations; Juver Services Outpatient - Fam |
| Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Resi Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Services Intensive Outpatient Treatment | idential Services Outpatient e Abuse Evaluations; Juver Services Outpatient - Fam Juvenile Non-Residential ss; Outpatient Therapy - ns-Mental Health; Outpatie |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|----------------------|---------------------|
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| Substance Abuse Services: | | ation; Adult Non-Residential Services Outpatient - Groups; Adult No idual; Adult Non-Residential Services Outpatient - Co-Occurring Tre | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Neve, Robert | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)612-2516 | (402)614-5447 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - es Outpatient - Groups; Adult Non-Residential Services Outpatient - vices Outpatient - Co-Occurring Treatment; Adult Non-Residential S | Family; Adult Non-Re | esidential Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Peters, Martinique | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring: Outpatient Therapy | | |
| Juvenile Services: | | 3, - 1, | | |
| Other Services: | Sliding Fee Scale; | | | |
| Roberts, Markie | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | (402)727-4288 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Contemport | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | | | |
| Semerad, MaLeaha | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatie | nt Therapy including | Family Sessions- |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|--|---|--|---|--|
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment; Juvenile Assessment ; Juvenile Non-Residential Services Outpatient - Groups; Juver ndividual; Juvenile Non-Residential Services Outpatient - Co-Oo | lual; Adult Non-Residential Se Services Substance Abuse E nile Non-Residential Services | ervices Outpatient - valuations; Juvenil Outpatient - Family |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Ou g; Assessment: Pre-Treatment Assessment (Medicaid) | tpatient Therapy including Fa | amily Sessions- |
| Other Services: | Sliding Fee Scale; | - | | |
| Wagner, Alicia | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment; Juvenile Assessment ; Juvenile Non-Residential Services Outpatient - Groups; Juver individual; Juvenile Non-Residential Services Outpatient - Co-Oc Co-Occurring: Outpatient Therapy | lual; Adult Non-Residential Se Services Substance Abuse E ile Non-Residential Services | ervices Outpatient - valuations; Juvenil Outpatient - Family |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Ou g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurr | | |

| Name | Agency | Address | Phone | Fax |
|---|--|--|--|---|
| Braun, Diane | Braun Counseling Services, LLC | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)980-7600 | (402)502-5102 |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Intervention/Educat ent - Family; Adult Non-Residential Services Outpatient - Indivi | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Carde, Lori | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)606-3084 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | raluations; Adult Non-Residential Services Intervention/Educat ent - Family; Adult Non-Residential Services Outpatient - Indivi services Substance Abuse Evaluations; Juvenile Non-Residen uvenile Non-Residential Services Outpatient - Family; Juvenile co-Occurring Treatment | dual; Adult Non-Residential tial Services Intervention/Ed | Services Outpatient - lucation; Juvenile |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Mental Status Exam (MSE); Assessment: C | Co-Occurring | |
| Other Services: | | | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)461-4960 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | raluations; Adult Non-Residential Services Intervention/Educates Outpatient - Groups; Adult Non-Residential Services Outpatrvices Outpatient - Co-Occurring Treatment; Adult Non-Reside | tient - Family; Adult Non-Re | sidential Services |
| Mental Health Services: Juvenile Services: | Co-Occurring; Outpatient Therapy | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Freudenburg, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; O | utpatient Therapy including | Family Sessions- |
| Other Services: | Mental Health; Outpatient Therapy - Eating Disor | aer | | |

| Name | Agency | Address | Phone | Fax |
|---|--|--|---|--|
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| | | Adults who Sexually Harm Evaluation; Psychological Evaluat ; Assessment: Mental Status Exam (MSE); Assessment: Psy | | nent: Juvenile Who |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| | Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; | General Education Class | | |
| Kenning, Tamara | Turning Point Behavioral Health & Addiction Counseling PC | 122 S 4th St Seward NB 68434 | (402)641-2095 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juven Intervention/Education; Juvenile Non-Residentia | valuations; Adult Non-Residential Services Intervention/Educ ent - Individual; Adult Non-Residential Services Outpatient - O ile Assessment Services Substance Abuse Evaluations; Juve al Services Outpatient - Family; Juvenile Non-Residential Ser Treatment; Juvenile Non-Residential Services Intensive Outp | Co-Occurring Treatment; Adult Nenile Non-Residential Services vices Outpatient - Individual; Ju | Ion-Residential |
| | Sexually Harm Evaluation; Outpatient Therapy | enile Co-Occurring Evaluation (C/O); Pre-Treatment Assess | | |
| | Outpatient Therapy - Individual-Mental Health; C Outpatient: Intensive Outpatient Therapy-Menta Assessment (Medicaid); Assessment: Mental St | Dutpatient Therapy including Family Sessions-Mental Health; I Health; Intensive Outpatient: Intensive Outpatient Therapy- atus Exam (MSE); Assessment: Co-Occurring | Coutpatient Therapy - Co-occur Co-occurring; Assessment: Pre- | ring; Intensive Treatment |
| 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 - Gro Adult Non-Residential Services Intensive Outpat Abuse Evaluations; Juvenile Non-Residential Se | Assessment Services Substance Abuse Evaluations; Adult No pups; Adult Non-Residential Services Outpatient - Family; Adult tient Treatment; Adult Residential Services Short Term Residential ervices Intervention/Education; Juvenile Non-Residential Services idential Services Outpatient - Individual; Juvenile Non-Residential | ult Non-Residential Services Ou dential; Juvenile Assessment Se vices Outpatient - Groups; Juve | itpatient - Individual ervices Substance nile Non-Residentia |
| Mental Health Services: Juvenile Services: | Co-Occurring; Outpatient Therapy | | | |

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---|
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental H py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | iting Disorder; Outpa t Therapy-Youth Wh | atient Therapy - Co- to Sexually Harm; |
| Other Services: | | | | |
| Miller, Shannon | 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; Adult Non-Residential S Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Muhle, Mindy | Embark Counseling LLC | 3154 18th Ave Suite 7 Columbus NB 68601 | (402)942-9005 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Indiv Intervention/Education; Juvenile Non-Residential | cation; Adult Non-Residential Services Outpatient - Groups; Adult Nor idual; Adult Non-Residential Services Outpatient - Co-Occurring Trea Services Outpatient - Groups; Juvenile Non-Residential Services Ou esidential Services Outpatient - Co-Occurring Treatment | tment; Juvenile Nor | -Residential Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Eating Disor Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment | nt Therapy including Assessment (Medic | Family Sessions- aid); Assessment: Co |
| Other Services: | | | | |
| Paine, Mary | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation; EPC | Crisis Center; Outpa | atient Therapy |
| Juvenile Services: | | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---|
| Smith, Morgan | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (308)390-9347 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy inclusion and the Automatical Therapy inclusion and therapy inclusion and the Automatical Therapy inclusion and the Automatical Therapy inclusion and therapy inclusion | iding Group Session | ns-Mental Health; |
| Other Services: | 1 11 0 1 | ental Health; Outpatient Therapy - Eating Disorder | | |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); P | sychological Evaluation; Outpatient Therapy; Mental Health Intensive | Management | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Therapy - Co-occurring; Assessment: Pre-Treatm Assessment: Juvenile Who Sexually Harm Risk A | utpatient Therapy including Family Sessions-Mental Health; Outpatier nent Assessment (Medicaid); Assessment: Mental Status Exam (MSE Assessment | t Therapy - Eating [); Assessment: Psyc | Disorder; Outpatient chological Evaluation |
| Other Services: | , | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; 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 Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | lult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient Evaluations; Juveni es Outpatient - Famil |
| | Pre-Treatment Assessment (bio-psychosocial); O | | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien y; Assessment: Pre-Treatment Assessment (Medicaid) | t Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance A le Non-Residential Services Outpatient - Individual | buse Evaluations; | luvenile Non- |
| | | o-Occurring; Adults who Sexually Harm Evaluation; Psychological Ev | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A Assessment; Assessment: Co-Occurring | nt: Intensive Outpat | ent Therapy-Youth |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|---|--|---|--|
| Sullivan, Michael | Michael Sullivan Counseling | 208 N. 5th St. Norfolk NB 68701-4155 | (402)750-7923 | (402)226-5161 |
| | | aluations; Adult Non-Residential Services Outpatient - Groups; Adul tt - Individual; Adult Non-Residential Services Outpatient - Co-Occur | | rvices Outpatient - |
| Juvenile Services: | Pre- Treatment Assessment (bio-psychosocial), C | | | |
| Other Services: | | | | |
| Trotta, Beverly | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (402)942-9007 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: Other Services: | | | | |
| Other Services. | | | | |
| Volnek, Ashley | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-8748 | (402)475-6728 |
| Substance Abuse Services: | Adult Residential Services Dual Residential (MH/ | SA) | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - so Outpatient - Groups; Adult Non-Residential Services Outpatient - vices Outpatient - Co-Occurring Treatment; Juvenile Assessment Su ducation; Juvenile Non-Residential Services Outpatient - Groups; Ju atient - Individual; Juvenile Non-Residential Services Outpatient - Co | Family; Adult Non-Re ervices Substance Al venile Non-Resident | esidential Services buse Evaluations; ial Services Outpatien |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio | -psychosocial); Co-C | Occurring; Outpatient |
| Juvenile Services: | | Treatment: General Education Class; Outpatient Therapy - Individua ent Therapy including Family Sessions-Mental Health; Outpatient Th Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| 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; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser ivenile Non-Residential Services Outpatient - Family; Juvenile Non-F o-Occurring Treatment | dult Non-Residential | Services Outpatient - ducation; Juvenile |

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

| Name Agency Address | Phone | Fax |
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Mental Health Services: Outpatient Therapy Juvenile Services: Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---------------------------------------|
| Ajlouny, Alestin | At Peace Therapy LLC | 268 N. 115th St, Suite 1 Omaha NB 68154 | (402)413-9919 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Groups nt - Individual; Adult Non-Residential Services Outpatient - Co- | | |
| Mental Health Services: | | Co-Occurring; Crisis Stabilization; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Almquist, Keith | Achievement Counseling Services | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)669-3665 | (402)502-5102 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Educat ent - Individual; Adult Non-Residential Services Outpatient - Co Non-Residential Services Intervention/Education; Juvenile No co-Occurring Treatment | -Occurring Treatment; Juve | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Status Exam (MSE); Assessment: Co-Occurring | utpatient Therapy - Co-occurring; Assessment: Pre-Treatment | Assessment (Medicaid); As | ssessment: Mental |
| Other Services: | | | | |
| Biniamow, Judi | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)964-2092 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Groups nt - Individual; Adult Non-Residential Services Outpatient - Co- | | vices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | · · · · · · · · · · · · · · · · · · · | occurring reduition | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Borer, Kersten | Kersten Borer LLC | 7602 Pacific St Ste 304 Omaha NB 68114 | (402)515-5383 | (402)933-6447 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Educat ent - Family; Adult Non-Residential Services Outpatient - Individ services Substance Abuse Evaluations; Juvenile Non-Resident uvenile Non-Residential Services Outpatient - Family; Juvenile co-Occurring Treatment | dual; Adult Non-Residential tial Services Intervention/Ed | Services Outpatient ucation; Juvenile |
| | • | | nt (his newshanesial): Co O | an urring a Outrationt |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | enile Co-Occurring Evaluation (C/O); Pre-Treatment Assessme | ent (bio-psychosocial), Co-O | ccurring; Outpatient |
| | Therapy | utpatient Therapy - Eating Disorder; Outpatient Therapy - Co-c | | <u>0</u> , 1 |

| Name | Agency | Address | Phone | Fax |
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| | Ageney | 7,661,000 | | T UX |
| Borrenpohl, Jennifer | Willow Psychotherapy | 2120 S 56th Street Suite 206 Lincoln NB 68506 | (402)335-7752 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Braimah, Rafiu | Alpha Life Improvement Services | 1905 Harney street, suite 710 Omaha NB 68102 | (402)515-4874 | |
| | | Dutpatient Therapy community Treatment Aide; Assessment: Pre-Treatment Assessme | nt (Medicaid) | |
| Braun, Diane | Braun Counseling Services, LLC | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)980-7600 | (402)502-5102 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C | valuations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual; Co-Occurring; Outpatient Therapy | | |
| Bruce, Ramanda | Aspirations Counseling | 1941 S 42nd St Suite 528 Omaha NB 68105 | (402)880-5253 | |
| Substance Abuse Services: | Maintenance; Adult Non-Residential Services Ou | valuations; Adult Non-Residential Services Intervention/Education; utpatient - Groups; Adult Non-Residential Services Outpatient - Fan rvices Intensive Outpatient Treatment; Adult Non-Residential Servi | nily; Adult Non-Resider | |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Other Services: | Sliding Fee Scale; | | | |
| Carlson, Stanley | Carlson Counseling Services LLC | 230 E 22nd St Ste 3 Fremont NB 68025 | (402)721-8805 | (402)727-4839 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Outpatient - Family; Adu tient - Co-Occurring Treatment; Juvenile Assessment Services Sul e Non-Residential Services Outpatient - Individual; Juvenile Non-R | bstance Abuse Evalua | ions; Juvenile Non- |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve | enile Co-Occurring Evaluation (C/O); Juvenile Youth Who Sexually dults who Sexually Harm Evaluation; Outpatient Therapy | Harm Evaluation (YWS | SH); Pre-Treatment |
| | Outpatient Therapy - Individual-Mental Health; O Outpatient Therapy - Co-occurring; Assessment: | utpatient Therapy including Family Sessions-Mental Health; Outpa Pre-Treatment Assessment (Medicaid); Assessment: Mental Statu | | Who Sexually Harm; |
| Other Services: | | | | |

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

| Name | Agency | Address | Phone | Fax |
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| 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 Outpatie Services Substance Abuse Evaluations; Juveni | Evaluations; Adult Non-Residential Services Outpatient - Groups; Adu ent - Individual; Adult Non-Residential Services Outpatient - Co-Occu le Non-Residential Services Outpatient - Groups; Juvenile Non-Resid I; Juvenile Non-Residential Services Outpatient - Co-Occurring Trea | urring Treatment; Juve dential Services Outpa | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring; Crisis Phone Line; Emergency Medical Health Evaluation | ation; Outpatient Thera | ру |
| Juvenile Services: | | | | |
| Other Services: | No Voucher Acceptance; | | | |
| Clark, Cristian "Kat" | CenterPointe | 1490 N 16th St Omaha NB 68102 | (402)827-0570 | (402)827-0580 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E Residential: Adult Residential Services Short Te | Evaluations; Adult Residential Services Dual Residential (MH/SA); Ad | dult Residential Service | es Extended |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| 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 Outpat Outpatient Treatment; Juvenile Assessment Se Residential Services Outpatient - Groups; Juven Juvenile Non-Residential Services Intensive Out | Evaluations; Adult Non-Residential Services Intervention/Education; ient - Family; Adult Non-Residential Services Outpatient - Individual; rvices Substance Abuse Evaluations; Juvenile Non-Residential Serv nile Non-Residential Services Outpatient - Family; Juvenile Non-Res tpatient Treatment | Adult Non-Residential | Services Intensive ation; Juvenile Non- |
| | Placement Program; Non-Treatment: Family Pa | reatment: Anger Management Class; Non-Treatment: General Educa artner | ation Class; Non-Treat | ment: Employment |
| Other Services: | Bilingual Services; | | | |
| Corrado, Michael | MAK Development (Michael's House) | 9007 F St Omaha NB 68127 | (402)917-0926 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Llearing Impoired | | | |

Other Services: Hearing Impaired;

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|--|--|---|-----------------------|
| Cottam, Glenda | Cottam Psychological Services | 2730 S 87th Ave Omaha NB 68124-3045 | (402)331-8085 | (402)331-8265 |
| Substance Abuse Services: | | | | |
| | Pre-Treatment Assessment (bio-psychosocial); P | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Assessm | ent: Psychological E | valuation |
| Other Services: | | | | |
| Davis, Linda | New Beginnings House | 5008 N 60th Ave Omaha NB 68104 | (402)850-4271 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| Juvenile Services: Other Services: | | | | |
| Other Services. | | | | |
| DeLaet, Theodore | Theodore J. DeLaet, PhD, PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Sexually Harm Evaluation; Psychological Evaluat | nile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment A | ssessment (bio-psyc | hosocial); Adults who |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); ISE); Assessment: Psychological Evaluation; Assessment: Juvenile W | Assessment: Outpat | ient Psychiatric |
| Other Services: | | | | |
| Denker, Lindsay | Lindsay Denker LLC | 9239 W Center Rd Suite 226 Omaha NB 68124 | (402)932-6643 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | 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-Resi | ance Abuse Evaluati | ons; Juvenile Non- |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occu | irring; Assessment: |
| Other Services: | oo ooduniing | | | |
| Dirks, Amber | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)474-3322 | (402)397-1404 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Education; Adunt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Intervention/Education; Juvenile Non-Residential; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ng Treatment; Juver dential Services Out | nile Assessment |

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | | Dutpatient Therapy - Individual-Mental Health; Outpatient Therapy in Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring | | ns-Mental Health; |
| Other Services: | | | | |
| Dombrowski, Lydia | Breaking Sad LLC | 7005 N 88th Street Omaha NB 68122 | (402)305-8881 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex | valuations | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| DuBay, Michelle | Turning the Mind Therapy | 4611 S 96th St Suite 232 Omaha NB 68127 | (402)301-7518 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Outpatient - Groups; Adu | It Non-Residential Se | vices Outpatient - |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | ment - Co-Occurring Treatment | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| | | | | |
| Earley, Morgan | Morgan Earley LLC | 7239 S Harrison Hills Dr Suite 301 LaVista NB 68128 | (402)302-0353 | |
| | | | | • |
| | | utpatient Therapy including Family Sessions-Mental Health; Assess | ment: Pre-Treatment | Assassment |
| | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Other Services: Foxx, Karen | | 2109 S 24th St Lincoln NB 68502 | (402)346-0902 | (402)342-5290 |
| | Sliding Fee Scale; Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)346-0902 | |
| Foxx, Karen | Sliding Fee Scale; Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)346-0902 | |
| Foxx, Karen Substance Abuse Services: | Sliding Fee Scale; Alcohol & Drug Solutions Outpatient Therapy | 2109 S 24th St Lincoln NB 68502 | (402)346-0902 | |
| Foxx, Karen Substance Abuse Services: Mental Health Services: | Sliding Fee Scale; Alcohol & Drug Solutions Outpatient Therapy | 2109 S 24th St Lincoln NB 68502 | (402)346-0902 | |
| Foxx, Karen Substance Abuse Services: Mental Health Services: Juvenile Services: | Sliding Fee Scale; Alcohol & Drug Solutions Outpatient Therapy | 2109 S 24th St Lincoln NB 68502 7815 Harney St Omaha NB 68114 | (402)346-0902 (402)991-4673 | |
| Foxx, Karen Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Gaines, Denise | Sliding Fee Scale; Alcohol & Drug Solutions Outpatient Therapy Carole's House of Hope Adult Assessment Services Substance Abuse Ex | | (402)991-4673 dult Non-Residential | (402)342-5290 (402)596-1768 |
| Foxx, Karen Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Gaines, Denise Substance Abuse Services: | Sliding Fee Scale; Alcohol & Drug Solutions Outpatient Therapy Carole's House of Hope Adult Assessment Services Substance Abuse Ex | 7815 Harney St Omaha NB 68114 valuations; Adult Non-Residential Services Intervention/Education; A ent - Individual; Adult Non-Residential Services Outpatient - Co-Occ | (402)991-4673 dult Non-Residential | (402)342-5290 (402)596-1768 |
| Foxx, Karen Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Gaines, Denise Substance Abuse Services: | Sliding Fee Scale; Alcohol & Drug Solutions Outpatient Therapy Carole's House of Hope Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Pre-Treatment Assessment (bio-psychosocial); C | 7815 Harney St Omaha NB 68114 valuations; Adult Non-Residential Services Intervention/Education; A ent - Individual; Adult Non-Residential Services Outpatient - Co-Occ | (402)991-4673 dult Non-Residential | (402)342-5290 (402)596-1768 |

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|---|---|---|---|
| Giles, Nicholas | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| | Evaluation | Freatment Assessment (bio-psychosocial); Co-Occurring; Adults who | · | |
| | Mental Health; Outpatient Therapy - Youth Who S Health; Intensive Outpatient: Intensive Outpatient | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie : Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensive aid); Assessment: Mental Status Exam (MSE); Assessment: Psychology | ent: Intensive Outpat Outpatient Therapy- | ient Therapy-Mental Co-occurring; |
| | | | (400)700 0407 | (400)004 0000 |
| Gilroy, Helen | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 aluations: Adult Non-Residential Services Outpatient - Groups: Adult | (402)708-3127 Non-Residential Se | (402)964-2093 |
| | Family; Adult Non-Residential Services Outpatien | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | vices outpatient |
| | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: Other Services: | | | | |
| Hall, John | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)325-1290 | |
| | | | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | ee eeeannig | |
| Hamilton, Teresa | Hamilton Behavioral Health Services | 203 W 29th Ave #6 Bellevue NB 68005 | (402)639-0435 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | 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 tient - Family; Juvenile |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Outpatient: Intensive Outpatient Therapy-Co-occu Assessment: Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatien urring; Assessment: Pre-Treatment Assessment (Medicaid); Assessn | nt Therapy - Co-occi nent: Mental Status I | urring; Intensive Exam (MSE); |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Harmes, Eric | Wellspring Behavioral Health | 1600 S. 70th Street Suite 200 Lincoln NB 68506 | (402)318-3787 | (402)939-0437 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; | Outpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hatcher, Julie | Alegent Health | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130 | (402)758-5884 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpati Services Substance Abuse Evaluations; Juveni Juvenile Non-Residential Services Outpatient - | Evaluations; Adult Non-Residential Services Intervention/Education; Ad ent - Individual; Adult Non-Residential Services Outpatient - Co-Occur le Non-Residential Services Intervention/Education; Juvenile Non-Res Individual; Juvenile Non-Residential Services Outpatient - Co-Occurrin ile Residential Services Therapeutic Community or Therapeutic Group | ring Treatment; Juver idential Services Out ng Treatment; Juveni | nile Assessment patient - Family; |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Outpatient Therapy | | |
| Juvenile Services: | | Outpatient Therapy including Family Sessions-Mental Health; Outpatie ccurring; 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 | |
| leruman, sonn | | | (102)100 01 02 | (402)489-9793 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E Groups; Adult Non-Residential Services Outpat Co-Occurring Treatment; Juvenile Assessment Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - | Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; A Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-F Co-Occurring Treatment | dult Non-Residential S dult Non-Residential rvices Intervention/Ed Residential Services (| Services Outpatient Services Outpatier lucation; Juvenile Dutpatient - Individu |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E Groups; Adult Non-Residential Services Outpat Co-Occurring Treatment; Juvenile Assessment Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - | Evaluations; Adult Non-Residential Services Intervention/Education; Ad ient - Family; Adult Non-Residential Services Outpatient - Individual; A Services Substance Abuse Evaluations; Juvenile Non-Residential Ser Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-F | dult Non-Residential S dult Non-Residential rvices Intervention/Ed Residential Services (| Services Outpatient Services Outpatier lucation; Juvenile Dutpatient - Individu |
| Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse E Groups; Adult Non-Residential Services Outpat Co-Occurring Treatment; Juvenile Assessment Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Juvenile Pre-Treatment Assessment (PTA); Pre Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurri | Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; A Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-F Co-Occurring Treatment e-Treatment Assessment (bio-psychosocial); Co-Occurring; Psycholog Outpatient Therapy including Group Sessions-Mental Health; Outpatien ng; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | dult Non-Residential 3 dult Non-Residential rvices Intervention/Ed Residential Services (ical Evaluation; Outp- int Therapy including | Services Outpatient Services Outpatien lucation; Juvenile Dutpatient - Individu atient Therapy Family Sessions- |
| Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse E Groups; Adult Non-Residential Services Outpat Co-Occurring Treatment; Juvenile Assessment Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Juvenile Pre-Treatment Assessment (PTA); Pre Outpatient Therapy - Individual-Mental Health; d | Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; A Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-F Co-Occurring Treatment e-Treatment Assessment (bio-psychosocial); Co-Occurring; Psycholog Outpatient Therapy including Group Sessions-Mental Health; Outpatien ng; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | dult Non-Residential 3 dult Non-Residential rvices Intervention/Ed Residential Services (ical Evaluation; Outp- int Therapy including | Services Outpatient Services Outpatien lucation; Juvenile Dutpatient - Individu atient Therapy Family Sessions- |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Adult Assessment Services Substance Abuse E Groups; Adult Non-Residential Services Outpat Co-Occurring Treatment; Juvenile Assessment Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Juvenile Pre-Treatment Assessment (PTA); Pre Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurri | Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; A Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-F Co-Occurring Treatment e-Treatment Assessment (bio-psychosocial); Co-Occurring; Psycholog Outpatient Therapy including Group Sessions-Mental Health; Outpatien ng; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | dult Non-Residential 3 dult Non-Residential rvices Intervention/Ed Residential Services (ical Evaluation; Outp- int Therapy including | Services Outpatien Services Outpatien lucation; Juvenile Dutpatient - Individ atient Therapy Family Sessions- |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Adult Assessment Services Substance Abuse E Groups; Adult Non-Residential Services Outpat Co-Occurring Treatment; Juvenile Assessment Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Juvenile Pre-Treatment Assessment (PTA); Pre Outpatient Therapy - Individual-Mental Health; d Mental Health; Outpatient Therapy - Co-occurri Psychological Evaluation; Assessment: Co-Occ | Evaluations; Adult Non-Residential Services Intervention/Education; Ad ient - Family; Adult Non-Residential Services Outpatient - Individual; A Services Substance Abuse Evaluations; Juvenile Non-Residential Ser Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-F Co-Occurring Treatment e-Treatment Assessment (bio-psychosocial); Co-Occurring; Psycholog Outpatient Therapy including Group Sessions-Mental Health; Outpatien ng; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: curring | dult Non-Residential S dult Non-Residential rvices Intervention/Ed Residential Services (ical Evaluation; Outp int Therapy including Mental Status Exam | Services Outpatier Services Outpatie lucation; Juvenile Dutpatient - Individ atient Therapy Family Sessions- |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Hernandez, Antonieta Substance Abuse Services: | Adult Assessment Services Substance Abuse E Groups; Adult Non-Residential Services Outpat Co-Occurring Treatment; Juvenile Assessment Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Juvenile Pre-Treatment Assessment (PTA); Pre Outpatient Therapy - Individual-Mental Health; d Mental Health; Outpatient Therapy - Co-occurri Psychological Evaluation; Assessment: Co-Occ | Evaluations; Adult Non-Residential Services Intervention/Education; Ad ient - Family; Adult Non-Residential Services Outpatient - Individual; A Services Substance Abuse Evaluations; Juvenile Non-Residential Ser Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-F Co-Occurring Treatment e-Treatment Assessment (bio-psychosocial); Co-Occurring; Psycholog Outpatient Therapy including Group Sessions-Mental Health; Outpatien ng; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: surring 5115 F St. Omaha NB 68117 | dult Non-Residential S dult Non-Residential rvices Intervention/Ed Residential Services (ical Evaluation; Outp int Therapy including Mental Status Exam | Services Outpatier Services Outpatie lucation; Juvenile Dutpatient - Indivic atient Therapy Family Sessions- |

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

| Name | Agency | Address | Phone | Fax |
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| 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 Residential | Services Short Terr |
| Mental Health Services: | Residential Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring | | |
| | | ssment: Pre-Treatment Assessment (Medicaid); Assessment: Co | o-Occurring | |
| | Sliding Fee Scale; | | 3 | |
| Hicks-Kalvinek, Joyce | Educate 2 Eliminate LLC | 118 W Deer Lane Plattsmouth NB 68048 | (402)490-5759 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; J Juvenile Non-Residential Services Outpatient - C | | ual; Adult Non-Residential S al Services Intervention/Educ | ervices Outpatient cation; Juvenile |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | outpatient Therapy including Group Sessions-Mental Health; Ou g; Assessment: Co-Occurring | tpatient Therapy including Fa | amily Sessions- |
| Other Services: | | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychol | blogical Evaluation; Assessm | ent: Juvenile Who |
| Other Services: | | | | |
| Johnson, Jill | Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)261-6667 (| (402)261-6526 |
| | Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juvenil Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Re Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C | | Dccurring Treatment; Adult N e Non-Residential Services æs Outpatient - Family; Juve ile Non-Residential Services | lon-Residential nile Non-Residenti Intensive |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | outpatient Therapy including Group Sessions-Mental Health; Ou g; Intensive Outpatient: Intensive Outpatient Therapy-Mental He ent Assessment (Medicaid); Assessment: Mental Status Exam (| ealth; Intensive Outpatient: Ir | ntensive Outpatien |
| Other Services: | Sliding Fee Scale: | | | |

Other Services: Sliding Fee Scale;

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| 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; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient Evaluations; Juveni es Outpatient - Famil |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| 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 | nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Adult Residential Services D enile Assessment Services Substance Abuse Evaluations; Juvenile N atient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Resider co-Occurring; Outpatient Therapy | 0ual Residential (MH Ion-Residential Serv /; Juvenile Non-Res | /SA); Adult vices Care Monitoring idential Services |
| | | patient: Intensive Outpatient Therapy-Co-occurring | | |
| | Sliding Fee Scale; | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| | Family; Adult Non-Residential Services Outpatier | | ing Treatment; Adult | Non-Residential |
| | Sliding Fee Scale; | | | |
| Larson, Bridget | Larson Psychology Services LLC | 2730 S 87th Ave Omaha NB 68124 | (402)331-8085 | |
| Substance Abuse Services: | | | | |
| | Adults who Sexually Harm Evaluation; Psycholog | ical Evaluation; Outpatient Therapy | | |
| | | Assessment: Pre-Treatment Assessment (Medicaid); Assessment: O | utpatient Psychiatric | Evaluation; |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Liester, Courtney | Courtney Liester LLC | 7905 L St Suite 410 Omaha NB 68127 | (402)577-0173 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Family; Adult nce Abuse Evaluations; Juvenile Non-Residential Services Outpatier | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| | Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatie ent: Co-Occurring | nt Therapy - Co-occ | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| McCaghy, Peggy | Capstone Behavioral Health | 1941 S. 42nd St. STE 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); P | sychological Evaluation; Outpatient Therapy | | |
| | (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assessn SE); Assessment: Psychological Evaluation | nent: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| McClain, Rodric | Rodric McClain Counseling Services | 14119 Seward St Omaha NB 68154 | (580)647-5866 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | 5 | dult Non-Residential vices Intervention/Ec | Services Outpatient |
| | Non-Treatment: General Education Class; Non-T | reatment: Mentoring; Outpatient Therapy - Individual-Mental Health; | Outpatient Therapy | including Group |
| Other Services: | Sessions-Mental Health; Outpatient Therapy Inclu | uding Family Sessions-Mental Health; Assessment: Co-Occurring | | |
| McDonald, Katie | Alliance Counseling Center LLP | 11920 Burt St Suite 190 Omaha NB 68154 | (402)965-4004 | (402)932-3557 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Individual; Ad | ult Non-Residential S | Services Intensive |
| | Outpatient Treatment | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Mclaurine, Marilyn | | 1927 Wirt St Omaha NB 68110 | (402)341-1821 | (402)905-9473 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring | | |
| | Intensive Outpatient: Intensive Outpatient Therap Assessment (Medicaid); Assessment: Mental Sta | y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- tus Exam (MSE); Assessment: Co-Occurring | Co-occurring; Asses | sment: Pre-Treatmer |
| Other Services: | | | | |

| 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: | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adu ht - Family; Adult Non-Residential Services Outpatient - Individual; Ad iervices Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | lult Non-Residential es Substance Abus h-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| | Mental Health; Outpatient Therapy - Co-occurring | tpatient Therapy including Group Sessions-Mental Health; Outpatient | t Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Meckna, Shy | Douglas County Community Mental Health Center | 4102 Woolworth Ave Omaha NB 68105 | (402)599-2710 | (402)599-2562 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adu t - Individual; Adult Non-Residential Services Intensive Outpatient Tre | | Services Outpatient - |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: Other Services: | | | | |
| Meckna, Shy | Breaking Sad LLC | 7005 N 88th Street Omaha NB 68122 | (402)517-5199 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adu s Outpatient - Family; Adult Non-Residential Services Outpatient - Inc | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Mertes, Courtney | | 268 N. 115th Street, Ste 1 Omaha NB 68154 | (402)590-8766 | (402)838-7248 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adu ht - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices 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; Juvenil es Outpatient - Family |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | Itpatient Therapy including Group Sessions-Mental Health; Outpatient ; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Ir nt Assessment (Medicaid); Assessment: Mental Status Exam (MSE); | ntensive Outpatient: | Intensive Outpatient |
| | | | | |

| Name | Agency | Address | Phone | Fax |
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| Miller, Shannon | Lincoln Medical Education Partnership | 4600 Valley Road Lincoln NB 68510 | (402)327-6822 | (402)483-4594 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Edu ent - Family; Adult Non-Residential Services Outpatient - Inc Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Moreno, Dominique | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)590-2947 | (402)590-2030 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Outpatient - Fam atient - Co-Occurring Treatment; Juvenile Assessment Servi ile Non-Residential Services Outpatient - Individual; Juvenile | ices Substance Abuse Evaluati | ons; Juvenile Non- |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| | | | | |
| Juvenile Services: | | Dutpatient Therapy including Family Sessions-Mental Health | ; Outpatient Therapy - Co-occu | irring; Assessment: |
| Juvenile Services: Other Services: | Co-Occurring | Dutpatient Therapy including Family Sessions-Mental Health | ; Outpatient Therapy - Co-occu | ırring; Assessment: |
| Other Services: | Co-Occurring | Dutpatient Therapy including Family Sessions-Mental Health 5115 F St. Omaha NB 68117 | ; Outpatient Therapy - Co-occu (402)397-9866 | urring; Assessment: (402)397-1404 |
| Other Services: Morton, Crystal | Co-Occurring Omni Behavioral Health Adult Assessment Services Substance Abuse E Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenil | | (402)397-9866 ups; Adult Non-Residential Ser Co-Occurring Treatment; Juver on-Residential Services Outpat | (402)397-1404 vices Outpatient - nile Assessment tient - Family; Juvenil |
| Other Services: Morton, Crystal Substance Abuse Services: | Co-Occurring Omni Behavioral Health Adult Assessment Services Substance Abuse E Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenil Non-Residential Services Outpatient - Individual | 5115 F St. Omaha NB 68117 valuations; Adult Non-Residential Services Outpatient - Grou ent - Individual; Adult Non-Residential Services Outpatient - (e Non-Residential Services Outpatient - Groups; Juvenile No l; Juvenile Non-Residential Services Outpatient - Co-Occurri | (402)397-9866 ups; Adult Non-Residential Ser Co-Occurring Treatment; Juver on-Residential Services Outpat | (402)397-1404 vices Outpatient - nile Assessment tient - Family; Juvenil |
| Other Services: Morton, Crystal Substance Abuse Services: Mental Health Services: Juvenile Services: | Co-Occurring Omni Behavioral Health Adult Assessment Services Substance Abuse E Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenil Non-Residential Services Outpatient - Individual Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); Non-Treatment: Intensive Family Preservation; O | 5115 F St. Omaha NB 68117 valuations; Adult Non-Residential Services Outpatient - Grou ent - Individual; Adult Non-Residential Services Outpatient - (e Non-Residential Services Outpatient - Groups; Juvenile No l; Juvenile Non-Residential Services Outpatient - Co-Occurri | (402)397-9866 ups; Adult Non-Residential Ser Co-Occurring Treatment; Juver on-Residential Services Outpat ng Treatment; Juvenile Non-Re | (402)397-1404 vices Outpatient - nile Assessment tient - Family; Juvenil |
| Other Services: Morton, Crystal Substance Abuse Services: Mental Health Services: | Co-Occurring Omni Behavioral Health Adult Assessment Services Substance Abuse E Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenil Non-Residential Services Outpatient - Individual Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); Non-Treatment: Intensive Family Preservation; O | 5115 F St. Omaha NB 68117 valuations; Adult Non-Residential Services Outpatient - Grou ent - Individual; Adult Non-Residential Services Outpatient - G e Non-Residential Services Outpatient - Groups; Juvenile No l; Juvenile Non-Residential Services Outpatient - Co-Occurri Co-Occurring; Outpatient Therapy | (402)397-9866 ups; Adult Non-Residential Ser Co-Occurring Treatment; Juver on-Residential Services Outpat ng Treatment; Juvenile Non-Re | (402)397-1404 vices Outpatient - nile Assessment tient - Family; Juvenil |
| Other Services: Morton, Crystal Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Co-Occurring Omni Behavioral Health Adult Assessment Services Substance Abuse E Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenil Non-Residential Services Outpatient - Individual Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); Non-Treatment: Intensive Family Preservation; O | 5115 F St. Omaha NB 68117 valuations; Adult Non-Residential Services Outpatient - Grou ent - Individual; Adult Non-Residential Services Outpatient - G e Non-Residential Services Outpatient - Groups; Juvenile No l; Juvenile Non-Residential Services Outpatient - Co-Occurri Co-Occurring; Outpatient Therapy | (402)397-9866 ups; Adult Non-Residential Ser Co-Occurring Treatment; Juver on-Residential Services Outpat ng Treatment; Juvenile Non-Re | (402)397-1404 vices Outpatient - nile Assessment tient - Family; Juvenil |
| Other Services: Morton, Crystal Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Nastase, Jill | Co-Occurring Omni Behavioral Health Adult Assessment Services Substance Abuse E Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenil Non-Residential Services Outpatient - Individual Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); Non-Treatment: Intensive Family Preservation; O Valley Hope Adult Assessment Services Substance Abuse E Groups; Adult Non-Residential Services Outpati | 5115 F St. Omaha NB 68117 valuations; Adult Non-Residential Services Outpatient - Grou ent - Individual; Adult Non-Residential Services Outpatient - Groups; Juvenile No e Non-Residential Services Outpatient - Groups; Juvenile No l; Juvenile Non-Residential Services Outpatient - Co-Occurri Co-Occurring; Outpatient Therapy Outpatient Therapy - Individual-Mental Health; Outpatient The | (402)397-9866 ups; Adult Non-Residential Ser Co-Occurring Treatment; Juver on-Residential Services Outpat ng Treatment; Juvenile Non-Re herapy - Eating Disorder (402)991-8824 cation; Adult Non-Residential S | (402)397-1404 vices Outpatient - nile Assessment cient - Family; Juvenil esidential Services (402)991-3486 Services Outpatient - |
| Other Services: Morton, Crystal Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Nastase, Jill Substance Abuse Services: | Co-Occurring Omni Behavioral Health Adult Assessment Services Substance Abuse E Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenil Non-Residential Services Outpatient - Individual Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); Non-Treatment: Intensive Family Preservation; O Valley Hope Adult Assessment Services Substance Abuse E | 5115 F St. Omaha NB 68117 valuations; Adult Non-Residential Services Outpatient - Grou ent - Individual; Adult Non-Residential Services Outpatient - Groups; Juvenile No e Non-Residential Services Outpatient - Groups; Juvenile No l; Juvenile Non-Residential Services Outpatient - Co-Occurri Co-Occurring; Outpatient Therapy Outpatient Therapy - Individual-Mental Health; Outpatient The 7703 Serum Ave Omaha NB 68127 valuations; Adult Non-Residential Services Intervention/Edu ent - Family; Adult Non-Residential Services Outpatient - Inc | (402)397-9866 ups; Adult Non-Residential Ser Co-Occurring Treatment; Juver on-Residential Services Outpat ng Treatment; Juvenile Non-Re herapy - Eating Disorder (402)991-8824 cation; Adult Non-Residential S | (402)397-1404 vices Outpatient - nile Assessment ient - Family; Juvenil esidential Services (402)991-3486 Services Outpatient - |
| Other Services: Morton, Crystal Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Nastase, Jill Substance Abuse Services: | Co-Occurring Omni Behavioral Health Adult Assessment Services Substance Abuse E Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenil Non-Residential Services Outpatient - Individual Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); Non-Treatment: Intensive Family Preservation; O Valley Hope Adult Assessment Services Substance Abuse E Groups; Adult Non-Residential Services Outpati Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); | 5115 F St. Omaha NB 68117 valuations; Adult Non-Residential Services Outpatient - Grou ent - Individual; Adult Non-Residential Services Outpatient - Groups; Juvenile No e Non-Residential Services Outpatient - Groups; Juvenile No l; Juvenile Non-Residential Services Outpatient - Co-Occurri Co-Occurring; Outpatient Therapy Outpatient Therapy - Individual-Mental Health; Outpatient The 7703 Serum Ave Omaha NB 68127 valuations; Adult Non-Residential Services Intervention/Edu ent - Family; Adult Non-Residential Services Outpatient - Inc | (402)397-9866 ups; Adult Non-Residential Ser Co-Occurring Treatment; Juver on-Residential Services Outpat ng Treatment; Juvenile Non-Re herapy - Eating Disorder (402)991-8824 cation; Adult Non-Residential S | (402)397-1404 vices Outpatient - nile Assessment cient - Family; Juvenil esidential Services (402)991-3486 Services Outpatient - |

| Name | Agency | Address | Phone | Fax |
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| Neise, Michael | Paradigm, Inc. | 809 South 174th Street Omaha NB 68118 | (402)991-8093 | (402)505-9726 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; C | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy incl ental Health; Intensive Outpatient: Intensive Outpatient Therapy-Men | uding Group Session | ns-Mental Health; |
| Other Services: | | | | |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| Substance Abuse Services: | Adult Non-Residential Services Intervention/Educ Adult Non-Residential Services Outpatient - Indiv Halfway-House | cation; Adult Non-Residential Services Outpatient - Groups; Adult Nor ridual; Adult Non-Residential Services Outpatient - Co-Occurring Trea | n-Residential Service tment; Adult Reside | es Outpatient - Family ntial Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Neve, Robert | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)612-2516 | (402)614-5447 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | raluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | amily; Adult Non-Re | sidential Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Newring, Kirk | Forensic Behavioral Health | 1410 East Gold Coast Rd Ste 800 Papillion NB 68046 | (402)557-6027 | (402)557-6027 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Youth Who Sexually Harm Evaluation (N | (WSH); Adults who Sexually Harm Evaluation; Psychological Evaluat | ion; Outpatient Thera | ару |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica Who Sexually Harm Risk Assessment | aid); Assessment: Mental Status Exam (MSE); Assessment: Psychological (MSE); Assessment; Assessment | ogical Evaluation; As | sessment: Juvenile |
| Other Services: | | | | |
| Osborn, Katlynn | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)366-3472 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Education; 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 |
| | Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assessm | ent: Pre-Treatment | Assessment |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; | | | |
| Paine, Mary | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation; EPC | Crisis Center; Outpa | atient Therapy |
| Juvenile Services: Other Services: | Sliding Fee Scale; | | | |
| 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 | aluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se Evaluations; Juvenile Non-Residential Services Intervention/Educati al Services Outpatient - Groups; Juvenile Non-Residential Services C nile Non-Residential Services Outpatient - Co-Occurring Treatment; | amily; Adult Non-Re ervices Intensive Ou on; Juvenile Non-Re utpatient - Family; J | esidential Services tpatient Treatment; sidential Services uvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- Sessions-Mental Health; Outpatient Therapy inclu Assessment (Medicaid); Assessment: Co-Occurri | Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health; uding Family Sessions-Mental Health; Outpatient Therapy - Co-occur ng | Outpatient Therapy ring; Assessment: P | rincluding Group |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | 5 | | |
| Prince, Reginald | Serenity Matters | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 68111 | (402)830-3890 | (402)905-0011 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ju vices Intervention/Education; Juvenile Non-Residential Services Outp ential Services Outpatient - Individual | venile Assessment | Services Substance |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| | Non-Treatment: Anger Management Class | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Rezac, Jacqueline | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)350-3267 | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | aluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se Evaluations; Juvenile Non-Residential Services Intervention/Educati al Services Outpatient - Groups; Juvenile Non-Residential Services C nile Non-Residential Services Outpatient - Co-Occurring Treatment; | amily; Adult Non-Re ervices Intensive Ou on; Juvenile Non-Re outpatient - Family; J | esidential Services tpatient Treatment; sidential Services uvenile Non- |

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Assessn | nent: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Roberts, Markie | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | (402)727-4288 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | | | |
| Rynearson, Claire | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8521 | (402)455-7050 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva | aluations; Adult Residential Services Therapeutic Community; Juven | ile Assessment Serv | ices Substance Abuse |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility; Assess | sment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occ | urring | |
| Other Services: | Sliding Fee Scale; | | | |
| Salvatore, Christine | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | (402)715-5452 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Intervention/Education; Ac | lult Non-Residential 9 | |
| Mental Health Services: | Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| | 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 Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrir o-Occurring; Outpatient Therapy | dult Non-Residential ces Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| Juvenile Services: | Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C | nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrir o-Occurring; Outpatient Therapy | dult Non-Residential ces Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| Juvenile Services: | Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Intensive Outpatient: Intensive Outpatient Therap | nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrir o-Occurring; Outpatient Therapy | dult Non-Residential ces Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| Juvenile Services: Other Services: Sanchez, Laura Substance Abuse Services: | Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Intensive Outpatient: Intensive Outpatient Therap Sliding Fee Scale; AM Counseling and Consulting LLC Adult Assessment Services Substance Abuse Eva Family; Adult Non-Residential Services Outpatient | nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin o-Occurring; Outpatient Therapy y-Co-occurring 919 Galvin Rd S Bellevue NB 68005 aluations; Adult Non-Residential Services Outpatient - Groups; Adult tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abuse in-Residential Servic ig Treatment; Juveni (402)807-5117 Non-Residential Ser | Services Outpatient e Evaluations; Juvenil es Outpatient - Famil le Non-Residential |
| Juvenile Services: Other Services: Sanchez, Laura Substance Abuse Services: Mental Health Services: | Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Intensive Outpatient: Intensive Outpatient Therap Sliding Fee Scale; AM Counseling and Consulting LLC Adult Assessment Services Substance Abuse Eve Family; Adult Non-Residential Services Outpatien Pre-Treatment Assessment (bio-psychosocial); C | nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin o-Occurring; Outpatient Therapy y-Co-occurring 919 Galvin Rd S Bellevue NB 68005 aluations; Adult Non-Residential Services Outpatient - Groups; Adult tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abuse in-Residential Servic ing Treatment; Juveni (402)807-5117 Non-Residential Ser ing Treatment | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family le Non-Residential |

| Name | Agency | Address | Phone | Fax |
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| Schifferns, Holli | Lutheran Family Services of NE Inc | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)292-9102 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); / | Adults who Sexually Harm Evaluation; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Schnieder, Brian | Halo Counseling Center | 8998 L St Suite 110 Omaha NB 68127 | (402)850-0054 | |
| Cubstance Abuse Cervices. | Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential | valuations; Adult Non-Residential Services Intervention/Educ es Outpatient - Groups; Adult Non-Residential Services Outp ervices Outpatient - Co-Occurring Treatment; Adult Non-Reside e Evaluations; Juvenile Non-Residential Services Intervention ial Services Outpatient - Groups; Juvenile Non-Residential Se enile Non-Residential Services Outpatient - Co-Occurring Tre | patient - Family; Adult Non-Resid dential Services Intensive Outpa n/Education; Juvenile Non-Resid ervices Outpatient - Family; Juve | dential Services atient Treatment; lential Services enile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C | Outpatient Therapy - Co-occurring; Intensive Outpatient: Inten | sive Outpatient Therapy-Co-occ | 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/Educ ent - Family; Adult Non-Residential Services Outpatient - Indi Services Substance Abuse Evaluations; Juvenile Non-Reside Ivenile Non-Residential Services Outpatient - Individual; Juve | vidual; Adult Non-Residential Sential Sential Services Intervention/Educ | ervices Outpatien ation; Juvenile |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C | Outpatient Therapy including Family Sessions-Mental Health; | Outpatient Therapy - Co-occurri | ing |
| Other Services: | | | | |
| Semerad, MaLeaha | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C Mental Health | Outpatient Therapy including Group Sessions-Mental Health; (| Outpatient Therapy including Fa | mily Sessions- |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| 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; / nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Intervention/Education; Juvenile Non-Re idividual; Juvenile Non-Residential Services Outpatient - Co-Occur | urring Treatment; Juvenil esidential Services Outpa | e Assessment |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (b | io-psychosocial); Co-Oco | curring; Outpatient |
| | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpat ent: Co-Occurring | ient Therapy - Co-occuri | ring; Assessment: |
| Other Services: | | | | |
| Smeal, Jessica | | 900 S. 74th Plaza, Ste. 400 Omaha NB 68144 | (402)800-2990 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evalua | tions | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; As | ssessment: Co-Occurring | | |
| Other Services: | | | | |
| Smith, Morgan | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (308)390-9347 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy ir ental Health; Outpatient Therapy - Eating Disorder | ncluding Group Sessions | -Mental Health; |
| Other Services: | | ······································ | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C | | Adult Non-Residential S vices Substance Abuse I Non-Residential Services ring Treatment; Juvenile | ervices Outpatient - Evaluations; Juvenil Outpatient - Family Non-Residential |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpati g; Assessment: Pre-Treatment Assessment (Medicaid) | ient Therapy including Fa | amily Sessions- |

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| Name | Agency | Address | Phone | Fax |
| Stein, Daniela | Lutheran Family Services of NE Inc | 120 S 24th St Ste 100 Omaha NB 68102 | (402)978-5604 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S | aluations; Adult Non-Residential Services Intervention/Ec nt - Family; Adult Non-Residential Services Outpatient - I Services Intensive Outpatient Treatment | ducation; Adult Non-Residential Ser ndividual; Adult Non-Residential Se | vices Outpatient ervices Outpatien |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Stennis, Gladys | Infinite Avenues Counseling | 7117 Farnam St Suite 17 Omaha NB 68132 | (402)905-6296 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Stratton, Elizabeth | Catalyst Alternative Therapy Solutions & Life Coaching | 10320 Mary St Omaha NB 68122 | (402)957-4841 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Gr nt - Individual; Adult Non-Residential Services Outpatient | | ces Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | 9 | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Taylor, Nathaniel | Integrated Behavioral Health Services | 2615 "O" street, Suite 4 Lincoln NB 68510 | (402)450-8645 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa | aluations; Adult Non-Residential Services Outpatient - Gr | oups; Adult Non-Residential Servic | ces Outpatient - |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Taylor, Nathaniel | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)450-8645 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Ecent - Individual; Adult Non-Residential Services Outpatient | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Ticknor, Brenda | Alegent Health | 3308 Samson Way Ste 203 Bellevue NB 68123 | (402)717-7674 | (402)291-8806 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; 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; Juver ential Services Outpat | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment curring | | |
| Other Services: | Hearing Impaired; Bilingual Services; | | | |
| Tostenson, Dawn | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | |
| | | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual: A | | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Juvenile Non-Residential Services Intervention/E | nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I Residential Services Short Term Residential; Juvenile Assessment ducation; Juvenile Non-Residential Services Outpatient - Groups; Ju atient - Individual; Juvenile Non-Residential Services Outpatient - Co | Adult Non-Residential Dual Residential (MH Services Substance A Ivenile Non-Residenti | Services Outpatient /SA); Adult Abuse Evaluations; al Services Outpatien |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Juvenile Non-Residential Services Intervention/E - Family; Juvenile Non-Residential Services Outp | nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I Residential Services Short Term Residential; Juvenile Assessment ducation; Juvenile Non-Residential Services Outpatient - Groups; Ju atient - Individual; Juvenile Non-Residential Services Outpatient - Co | Adult Non-Residential Dual Residential (MH Services Substance A Ivenile Non-Residenti | Services Outpatient /SA); Adult Abuse Evaluations; al Services Outpatier |
| Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Juvenile Non-Residential Services Intervention/E - Family; Juvenile Non-Residential Services Outp Residential Services Intensive Outpatient Treatm Co-Occurring; Outpatient Therapy | nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I Residential Services Short Term Residential; Juvenile Assessment ducation; Juvenile Non-Residential Services Outpatient - Groups; Ju atient - Individual; Juvenile Non-Residential Services Outpatient - Co | Adult Non-Residential Dual Residential (MH Services Substance A Ivenile Non-Residenti | Services Outpatient /SA); Adult Abuse Evaluations; al Services Outpatien |
| Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Juvenile Non-Residential Services Intervention/E - Family; Juvenile Non-Residential Services Outp Residential Services Intensive Outpatient Treatm | nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I Residential Services Short Term Residential; Juvenile Assessment ducation; Juvenile Non-Residential Services Outpatient - Groups; Ju atient - Individual; Juvenile Non-Residential Services Outpatient - Co | Adult Non-Residential Dual Residential (MH Services Substance A Ivenile Non-Residenti | Services Outpatient /SA); Adult Abuse Evaluations; al Services Outpatien |
| Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Juvenile Non-Residential Services Intervention/E - Family; Juvenile Non-Residential Services Outp Residential Services Intensive Outpatient Treatm Co-Occurring; Outpatient Therapy | nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I Residential Services Short Term Residential; Juvenile Assessment ducation; Juvenile Non-Residential Services Outpatient - Groups; Ju atient - Individual; Juvenile Non-Residential Services Outpatient - Co | Adult Non-Residential Dual Residential (MH Services Substance A Ivenile Non-Residenti | Services Outpatient /SA); Adult Abuse Evaluations; al Services Outpatien |
| Juvenile Services: Other Services: Vasquez-Evans, Linda | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Juvenile Non-Residential Services Intervention/E - Family; Juvenile Non-Residential Services Outp Residential Services Intensive Outpatient Treatm Co-Occurring; Outpatient Therapy Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; | nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I Residential Services Short Term Residential; Juvenile Assessment ducation; Juvenile Non-Residential Services Outpatient - Groups; Ju atient - Individual; Juvenile Non-Residential Services Outpatient - Co ent | Adult Non-Residential Dual Residential (MH, Services Substance A ivenile Non-Residentia o-Occurring Treatmer (402)889-6359 dult Non-Residential S Adult Non-Residential ces Substance Abuse on-Residential Service | Services Outpatient - /SA); Adult Abuse Evaluations; al Services Outpatien ht; Juvenile Non- (402)564-7735 Services Outpatient - Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| Juvenile Services: Other Services: Vasquez-Evans, Linda Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Juvenile Non-Residential Services Intervention/E - Family; Juvenile Non-Residential Services Outp Residential Services Intensive Outpatient Treatm Co-Occurring; Outpatient Therapy Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I Residential Services Short Term Residential; Juvenile Assessment ducation; Juvenile Non-Residential Services Outpatient - Groups; Ju atient - Individual; Juvenile Non-Residential Services Outpatient - Co ent 7701 Pacific Street, Ste 101 Omaha NB 68114 aluations; Adult Non-Residential Services Intervention/Education; Adult non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servi Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurrin | Adult Non-Residential Dual Residential (MH, Services Substance A ivenile Non-Residentia o-Occurring Treatmer (402)889-6359 dult Non-Residential S Adult Non-Residential ces Substance Abuse on-Residential Service | Services Outpatient /SA); Adult Abuse Evaluations; al Services Outpatien it; Juvenile Non- (402)564-7735 Services Outpatient - Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Juvenile Services: Other Services: Vasquez-Evans, Linda Substance Abuse Services: Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Juvenile Non-Residential Services Intervention/E - Family; Juvenile Non-Residential Services Outp Residential Services Intensive Outpatient Treatm Co-Occurring; Outpatient Therapy Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O | nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I Residential Services Short Term Residential; Juvenile Assessment ducation; Juvenile Non-Residential Services Outpatient - Groups; Ju atient - Individual; Juvenile Non-Residential Services Outpatient - Co ent 7701 Pacific Street, Ste 101 Omaha NB 68114 aluations; Adult Non-Residential Services Intervention/Education; Adult non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Co-Occurring co-Occurring; Outpatient Therapy utpatient Therapy including Family Sessions-Mental Health; Outpatie Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occur | Adult Non-Residential Dual Residential (MH, Services Substance / ivenile Non-Residentia o-Occurring Treatmen (402)889-6359 dult Non-Residential ces Substance Abuse on-Residential Service ng Treatment; Juvenil | Services Outpatient /SA); Adult Abuse Evaluations; al Services Outpatient ht; Juvenile Non- (402)564-7735 Services Outpatient - Services Outpatient evaluations; Juveni es Outpatient - Famil le Non-Residential |

| Name | Agency | Address | Phone | Fax |
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| Walker, Jeffery | All Communities Outreach Services | 112 E Mission Ave Bellevue NB 68005 | (402)257-1122 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Non-Tre | atment: Anger Management Class; Non-Treatment: General Education | on Class; Non-Treat | ment: Family Partner |
| Other Services: | Bilingual Services; | | | |
| Wells, Amanda | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5449 | |
| Substance Abuse Services: | | aluations; Adult Residential Services Dual Residential (MH/SA); Adul m Residential; Juvenile Assessment Services Substance Abuse Eval | | es Extended |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Wiles, Lori | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)964-2092 | (402)964-2093 |
| | Individual; Juvenile Assessment Services Substa Services Outpatient - Individual | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nce Abuse Evaluations; Juvenile Non-Residential Services Outpatier | Non-Residential Set t - Groups; Juvenile | rvices Outpatient - Non-Residential |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: Other 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 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: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| 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-occi | urring; Assessment: |
| Other Services: | | - | | |
| Zlomke, Leland | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Sexually Harm Evaluation; Psychological Evaluat | nile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment A ion; Outpatient Therapy | ssessment (bio-psyc | chosocial); Adults who |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: P | | Family Sessions- |

| Name | Agency | Address | Phone | Fax |
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| | Assessment (Medicaid); Assessment: Mental Star Assessment | tus Exam (MSE); Assessment: Psychological Evaluation; Assessme | nt: Juvenile Who Sexua | ally Harm Risk |
| 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 ient - Co-Occurring Treatment; Juvenile Assessment Services Subst > Non-Residential Services Outpatient - Individual; Juvenile Non-Res | ance Abuse Evaluation | ns; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie ent: Mental Status Exam (MSE); Assessment: Co-Occurring | nt Therapy - Co-occurri | ing; Assessment: |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Adult Residential Services | Adult Non-Residential | Services Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Barritt, Samantha | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| Substance Abuse Services: | Adult Non-Residential Services Care Monitoring Family; Adult Non-Residential Services Outpatien 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-Resi SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occt Residential Services Dual Residential (MH/SA); Adult Residential Services Juvenile Non-Residential Services Intervention/Education; Juv vices Outpatient - Groups; Juvenile Non-Residential Services Outp asidential Services Outpatient - Co-Occurring Treatment; Juvenile No | Non-Residential Servic urring Treatment; Adult ervices Short Term Resivenile Non-Residential patient - Family; Juvenil | ces Outpatient - Non-Residential idential; Juvenile Services Care e Non-Residential |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M | atient Therapy - Individual-Mental Health; Outpatient Therapy inclu ental Health; Outpatient Therapy - Eating Disorder; Outpatient The nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Asse | rapy - Co-occurring; Int | ensive Outpatient: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Brostad, Greg | Resolution Treatment Services | 505 5th Street Suite #225 Sioux city IA 51101 | (515)493-4787 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Outpatient Therapy | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | utpatient Therapy including Group Sessions-Mental Health; Outpat by-Youth Who Sexually Harm; Assessment: Pre-Treatment Assess | ient Therapy - Youth W ment (Medicaid); Asses | /ho Sexually Harm; ssment: Mental Status |
| Other Services: | Exam (MSE); Assessment: Juvenile Who Sexual | ny Harm Risk Assessment | | |
| Cattau, Jeanne | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpat Health; Assessment: Pre-Treatment Assessment (Medicaid); Asse | | |

| 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 Outpatie Services Intensive Outpatient Treatment; Juvenil | valuations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr le Assessment Services Substance Abuse Evaluations; Juvenile Non 'amily; Juvenile Non-Residential Services Outpatient - Individual; Juv- ial Services Intensive Outpatient Treatment | ring Treatment; Adult -Residential Services | Non-Residential Outpatient - Groups |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient | Therapy | |
| Juvenile Services: | | utpatient Therapy - Co-occurring; Community Treatment Aide; Intens nent Assessment (Medicaid); Assessment: Mental Status Exam (MSE | | sive Outpatient |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| Hergott, Mariah | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services Residential Services Intervention/Education; Juv Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential | Services Intensive venile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| | Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | nt Therapy including l Assessment: Pre-Trea | Family Sessions- Itment Assessment |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | nt Therapy including I Assessment: Pre-Trea | Family Sessions- tment Assessment |
| Other Services: | Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A PO Box 22746 Lincoln NB 68542 | nt Therapy including I Assessment: Pre-Trea (402)429-1050 | Family Sessions- tment Assessment |
| Other Services: | Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring Sliding Fee Scale; | g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | Assessment: Pre-Trea | Family Sessions- tment Assessment |
| Other Services: Jones, James Substance Abuse Services: Mental Health Services: | Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring Sliding Fee Scale; Community Justice Center Outpatient Therapy | g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A PO Box 22746 Lincoln NB 68542 | Assessment: Pre-Trea | Family Sessions- tment Assessment |
| Other Services: Jones, James Substance Abuse Services: Mental Health Services: | Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring Sliding Fee Scale; Community Justice Center | g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A PO Box 22746 Lincoln NB 68542 | Assessment: Pre-Trea | Family Sessions- tment Assessment |
| Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring Sliding Fee Scale; Community Justice Center Outpatient Therapy | g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A PO Box 22746 Lincoln NB 68542 | Assessment: Pre-Trea | Family Sessions- tment Assessment |
| Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring Sliding Fee Scale; Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: | g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A PO Box 22746 Lincoln NB 68542 | Assessment: Pre-Trea | Family Sessions- tment Assessment (402)371-9643 |
| Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Kubo, Dana Substance Abuse Services: | Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring Sliding Fee Scale; Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; Good Life Counseling & Support Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A PO Box 22746 Lincoln NB 68542 General Education Class 200 N 34th PO Box 2315 Norfolk NB 68702 valuations; Adult Non-Residential Services Intervention/Education; Ac ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | (402)429-1050 (402)371-3044 (402)371-3044 dult Non-Residential S dult Non-Residential Service | (402)371-9643 Gervices Outpatient - Services Outpatient - Evaluations; Juveni es Outpatient - Famil |
| Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Kubo, Dana Substance Abuse Services: | Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring Sliding Fee Scale; Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; Good Life Counseling & Support Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In | g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A PO Box 22746 Lincoln NB 68542 General Education Class 200 N 34th PO Box 2315 Norfolk NB 68702 valuations; Adult Non-Residential Services Intervention/Education; Ac ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | (402)429-1050 (402)371-3044 (402)371-3044 dult Non-Residential S dult Non-Residential Service | (402)371-9643 Gervices Outpatient - Services Outpatient - Evaluations; Juveni es Outpatient - Famil |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | g; Intensive Outpatient: Intensive Outpatient Therapy-Mental He ent Assessment (Medicaid); Assessment: Co-Occurring | ealth; Intensive Outpatient | Intensive Outpatient |
| 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 - Gro Adult Non-Residential Services Intensive Outpat Abuse Evaluations; Juvenile Non-Residential Se | Assessment Services Substance Abuse Evaluations; Adult Non-F ups; Adult Non-Residential Services Outpatient - Family; Adult N tient Treatment; Adult Residential Services Short Term Resident ervices Intervention/Education; Juvenile Non-Residential Service dential Services Outpatient - Individual; Juvenile Non-Residential | Ion-Residential Services (ial; Juvenile Assessment s Outpatient - Groups; Jur | Dutpatient - Individual Services Substance venile Non-Residentia |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpatient: | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Me apy including Family Sessions-Mental Health; Outpatient Therap tient Therapy-Mental Health; Intensive Outpatient: Intensive Out caid); Assessment: Mental Status Exam (MSE); Out-Of-Home: F | y - Eating Disorder; Outpa patient Therapy-Youth Wh | atient Therapy - Co- no Sexually Harm; |
| Other Services: | | | | |
| Milander-Mace, Amanda | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | -Treatment Assessment (bio-psychosocial); Outpatient Therapy | | |
| | Non-Treatment: Intensive Family Preservation; N | Non-Treatment: Anger Management Class; Outpatient Therapy - tient Therapy - Eating Disorder; Assessment: Pre-Treatment As | | Outpatient Therapy |
| Other Services: | | | | |
| Millard, Laurie | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Outpatient Therapy | | |
| | Non-Treatment: Family Support Worker; Non-Tr Supervised Visitation; Non-Treatment: Day Repo Education Class; Outpatient Therapy - Individua | eatment: Tracker (Except Douglas County); Non-Treatment: Inte orting; Non-Treatment: Evening Reporting; Non-Treatment: Ange I-Mental Health; Outpatient Therapy including Group Sessions-N apy - Eating Disorder; Community Treatment Aide; Intensive | er Management Class; No | n-Treatment: Genera |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | I Health; Intensive Outpatient: Intensive Outpatient- Eating Disor nent Assessment (Medicaid); Assessment: Mental Status Exam | | |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| Substance Abuse Services: | | ucation; Adult Non-Residential Services Outpatient - Groups; Ad ividual; Adult Non-Residential Services Outpatient - Co-Occurrin | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Petersen, Connie | Behavioral Health Specialist/Seekers of Serenity | 923 E Norfolk Ave Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| | Non-Residential Services Outpatient - Family; A Treatment; Adult Non-Residential Services Inter Substance Abuse Evaluations; Juvenile Non-Re Residential Services Outpatient - Individual; Juv Intensive Outpatient Treatment | Assessment Services Substance Abuse Evaluations; Adult Non- dult Non-Residential Services Outpatient - Individual; Adult Non- nsive Outpatient Treatment; Adult Residential Services Short Ter esidential Services Outpatient - Groups; Juvenile Non-Residential renile Non-Residential Services Outpatient - Co-Occurring Treatment Co-Occurring; Psychological Evaluation; Outpatient Therapy | Residential Services Out m Residential; Juvenile A I Services Outpatient - Fa | patient - Co-Occurring ssessment Services mily; Juvenile Non- |
| | Mental Health; Outpatient Therapy - Co-occurrin (Medicaid); Assessment: Mental Status Exam (M | Dutpatient Therapy including Group Sessions-Mental Health; Oung; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurr MSE); Assessment: Psychological Evaluation; Assessment: Co-0 | ing; Assessment: Pre-Tre | |
| Other Services: | Sliding Fee Scale; | | | |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| | | Psychological Evaluation; Outpatient Therapy; Mental Health Int | 0 | |
| Juvenile Services: | | Dutpatient Therapy including Family Sessions-Mental Health; Ou ment Assessment (Medicaid); Assessment: Mental Status Exam Assessment | | |
| Other Services: | | Assessment | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Adult Non-Residential | valuations; Adult Non-Residential Services Intervention/Education ient - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment; Juvenile Assessment n; Juvenile Non-Residential Services Outpatient - Groups; Juver Individual; Juvenile Non-Residential | ual; Adult Non-Residentia Services Substance Abus | I Services Outpatient - e Evaluations; Juvenil |

| Name | Agency | Address | Phone | Fax |
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| | Services Outpatient - Co-Occurring Treatment; J | uvenile Non-Residential Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpation g; Assessment: Pre-Treatment Assessment (Medicaid) | ent Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Sullivan, Michael | Michael Sullivan Counseling | 208 N. 5th St. Norfolk NB 68701-4155 | (402)750-7923 | (402)226-5161 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adu | | vices Outpatient - |
| Mental Health Services | Family; Adult Non-Residential Services Outpatier Pre-Treatment Assessment (bio-psychosocial); C | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu | rring Treatment | |
| Juvenile Services | | | | |
| Other Services: | | | | |
| | | | | |
| Swantek, Mallory | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)371-3044 | |
| | Groups; Adult Non-Residential Services Outpatie | raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; rvices Intervention/Education; Juvenile Non-Residential Services Outpatient | Juvenile Assessment | Services Substance |
| | Non-Treatment: Family Support Worker; Assessr | nent: Pre-Treatment Assessment (Medicaid) | | |
| Other Services: | | | | |
| Wagner, Alicia | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| | | | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; A int - Family; Adult Non-Residential Services Outpatient - Individual; J Services Intensive Outpatient Treatment; Juvenile Assessment Serv ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N idividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | Adult Non-Residential ices Substance Abuse on-Residential Service | Services Outpatient Evaluations; Juver es Outpatient - Fam |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Serv ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | Adult Non-Residential ices Substance Abuse on-Residential Service | Services Outpatien Evaluations; Juver es Outpatient - Fam |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O | ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Serv ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | Adult Non-Residential ices Substance Abuse on-Residential Service ing Treatment; Juvenil ent Therapy including | Services Outpatier Evaluations; Juve es Outpatient - Fan le Non-Residential Family Sessions- |

| 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: | 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 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 Pre-Treatment Assessment (PTA); Juvenile Pre-Treatment Assessment (PTA); Juvenile Therapy | nile Co-Occurring Evaluatio | on (C/O); Pre-Treatment Assessment (bio- | psychosocial); Co-C | Occurring; Outpatient |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpatin Treatment Assessment (Medicaid); Assessment: | ent Therapy including Fami | | | |
| Other Services: | Sliding Fee Scale; | U U | | | |

| 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; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abuse on-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family | |
| | re-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy | | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A SE); Assessment: Co-Occurring | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | | |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Outpatient Therapy | | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Osborne, Rhonda | Region II- Human Services | 401 West 1st Street Ogallala NB 69153 | (200)204 0707 | | |
| | | 401 West 1st Street Ogaliala ND 09155 | (308)284-6767 | | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser uvenile Non-Residential Services Outpatient - Family; Juvenile Non-F co-Occurring Treatment | dult Non-Residential dult Non-Residential vices Intervention/Ed | Services Outpatient - lucation; Juvenile | |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Outpatient - Individual | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser uvenile Non-Residential Services Outpatient - Family; Juvenile Non-F co-Occurring Treatment | dult Non-Residential \$ dult Non-Residential vices Intervention/Ed Residential Services (nt Therapy including | Services Outpatient - lucation; Juvenile Outpatient - Individual Family Sessions- | |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | raluations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser uvenile Non-Residential Services Outpatient - Family; Juvenile Non-F co-Occurring Treatment Co-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatie | dult Non-Residential \$ dult Non-Residential vices Intervention/Ed Residential Services (nt Therapy including | Services Outpatient - lucation; Juvenile Outpatient - Individual Family Sessions- | |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Out Mental Health; Outpatient Therapy - Co-occurring Co-Occurring | raluations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser uvenile Non-Residential Services Outpatient - Family; Juvenile Non-F co-Occurring Treatment Co-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatie | dult Non-Residential \$ dult Non-Residential vices Intervention/Ed Residential Services (nt Therapy including | Services Outpatient - lucation; Juvenile Outpatient - Individual Family Sessions- | |
| Mental Health Services: Juvenile Services: Other Services: Starman, Beverly Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Co-Occurring Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | ⁴ valuations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; A services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Feo-Occurring; Outpatient Therapy ⁴ utpatient Therapy including Group Sessions-Mental Health; Outpatient; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: ⁴ 4432 Sunrise Place Columbus NB 68601 ⁴ raluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; A services Intensive Outpatient Treatment; Juvenile Assessment Services; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring; Juvenile Non-Reside | dult Non-Residential S dult Non-Residential vices Intervention/Ed Residential Services (nt Therapy including Mental Status Exam (402)370-3140 dult Non-Residential ces Substance Abuse on-Residential Servic | Services Outpatient - lucation; Juvenile Outpatient - Individual Family Sessions- (MSE); Assessment: Services Outpatient - Services Outpatient - e Evaluations; Juvenil es Outpatient - Family | |
| Mental Health Services: Juvenile Services: Other Services: Starman, Beverly Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Out Mental Health; Outpatient Therapy - Co-occurring Co-Occurring Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Outpatient - In Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C | ⁴ valuations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; A services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Feo-Occurring; Outpatient Therapy ⁴ utpatient Therapy including Group Sessions-Mental Health; Outpatient; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: ⁴ 4432 Sunrise Place Columbus NB 68601 ⁴ raluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; A services Intensive Outpatient Treatment; Juvenile Assessment Services; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring; Juvenile Non-Reside | dult Non-Residential S dult Non-Residential vices Intervention/Ed Residential Services (nt Therapy including Mental Status Exam (402)370-3140 dult Non-Residential ces Substance Abuse on-Residential Servic ng Treatment; Juveni | Services Outpatient - lucation; Juvenile Outpatient - Individual Family Sessions- (MSE); Assessment: Services Outpatient - Services Outpatient - Evaluations; Juvenil es Outpatient - Family le Non-Residential | |

| Name | Agency | Address | Phone | Fax | |
|----------------------|--|------------------------------------|---------------|---------------|--|
| Other Services: | Sliding Fee Scale; | | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 | |
| | 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 Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation; Outpatient Therapy | | | | |
| Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation; Outpatient Therapy Dutpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions- Aental 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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| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I | dult Non-Residential | Services Outpatient - |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| | Sliding Fee Scale; | | | |
| Brown, Nicholas | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Ac es Outpatient - Groups; Adult Non-Residential Services Outpatient - I vices Outpatient - Co-Occurring Treatment; Adult Non-Residential S | Family; Adult Non-Re | sidential Services |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Connor, Shawnda | Christine Karell PC LLO | 815 Flack Ave Alliance NB 69301 | (308)762-2723 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential Services | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - I es Outpatient - Groups; Adult Non-Residential Services Outpatient - I vices Outpatient - Co-Occurring Treatment; Adult Non-Residential S ducation; Juvenile Non-Residential Services Care Monitoring SA/MH ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient Juvenile Non-Residential Services Intensive Outpatient Treatment | Family; Adult Non-Re ervices Intensive Ou I; Juvenile Non-Resid | esidential Services tpatient Treatment; dential Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Therapy-Co-occurring; Assessment: Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; | nt Therapy including Intensive Outpatient: | Family Sessions- Intensive Outpatient |
| Other Services: | Sliding Fee Scale; | 9 | | |
| Davis-Jackson, Sally | Midwest Country Clinic | Box 26 202 East HWY 20 Bassett NB 68714 | (402)684-2908 | (402)913-3454 |
| | | | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy - Co-occurring; Assessment: Co-Occurring | | |

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|--|
| 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; Adult Services Intervention/Education; Juvenile Non-Residential Services Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Adva - Services Outpatient - Individual; Adva - Services - | dult Non-Residential s Outpatient - Groups | Services Outpatient - s; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring | | |
| | Assessment: Co-Occurring | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hageman, Wendy | Beacon of Hope Counseling Center LLC | 308 W 4th St North Platte NB 69101 | (308)532-0777 | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E | aluations; Adult Non-Residential Services Intervention/Education; Adu 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 utpatient Therapy | amily; Adult Non-Re rvices Substance Ab Juvenile Non-Resid | sidential Services use Evaluations; ential Services |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient 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; | | | |
| Hamstra, Emily | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | aluations; Adult Non-Residential Services Intervention/Education; Adu es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se Evaluations; Juvenile Non-Residential Services Intervention/Education al Services Outpatient - Groups; Juvenile Non-Residential Services O nile Non-Residential Services Outpatient - Co-Occurring Treatment; | amily; Adult Non-Re ervices Intensive Out on; Juvenile Non-Res utpatient - Family; Ju | sidential Services patient Treatment; sidential Services uvenile Non- |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre-T | Freatment Assessment (bio-psychosocial); Co-Occurring; Outpatient | Therapy | |
| Juvenile Services: | including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy - Individual- ent Therapy including Family Sessions-Mental Health; Outpatient The Treatment Day Treatment-Mental Health; Assessment: Pre-Treatment | erapy - Co-occurring; | Intensive Outpatier |

Other Services: Sliding Fee Scale; Bilingual Services;

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|--|--|---|---|
| Harding, Maryah | Inspirit Counseling | 709 W 4th St Suite 2 Chadron NB 69337 | (308)430-1944 | (775)667-6079 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Outpatient Therapy | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health | | | |
| 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-Re ent Treatment; Adult Residential Services Short Term Residential; Ju vices Intervention/Education; Juvenile Non-Residential Services Outp lential Services Outpatient - Individual; Juvenile Non-Residential Services Vertices (Services) | esidential Services C venile Assessment S patient - Groups; Juv | Outpatient - Individual Services Substance enile Non-Residentia |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental H py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster (| ating Disorder; Outpa t Therapy-Youth Wh | tient Therapy - Co- o Sexually Harm; |
| Other Services: | | | | |
| Milander-Mace, Amanda | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre-T | Treatment Assessment (bio-psychosocial); Outpatient Therapy | | |
| | | | | |
| | | on-Treatment: Anger Management Class; Outpatient Therapy - Indivi ient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessm | | Outpatient Therapy |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Obermeyer, Ashley | Pathways to Wellness LLC | 32518 W Pioneer School Rd Merriman NB 69218 | (605)646-3786 | (605)646-4828 |
| | Family; Adult Non-Residential Services Outpatier | | Adult Non-Residential Se | rvices Outpatient - |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Outpatient Therapy including Family Sessions-Me | atient Therapy - Individual-Mental Health; Outpatient Therapy ir ental Health | cluding Group Sessions-I | Mental Health; |
| Other Services: | Sliding Fee Scale; | | | |
| Schawang-Smith, Kim | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education nt - Family; Adult Non-Residential Services Outpatient - Individu | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Crisis Stabilization; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education nt - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Juvenile Assessment 5 Juvenile Non-Residential Services Outpatient - Groups; Juven Idividual; Juvenile Non-Residential Services Outpatient - Co-Oc | ual; Adult Non-Residential Services Substance Abus ile Non-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Out g; Assessment: Pre-Treatment Assessment (Medicaid) | patient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juveni | aluations; Adult Non-Residential Services Outpatient - Groups; ive Outpatient Treatment; Juvenile Assessment Services Subst le Non-Residential Services Outpatient - Individual | ance Abuse Evaluations; | Juvenile Non- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Youth Who S Who Sexually Harm; Assessment: Pre-Treatment Assessment: Juvenile Who Sexually Harm Risk A | co-Occurring; Adults who Sexually Harm Evaluation; Psychologi utpatient Therapy including Group Sessions-Mental Health; Out Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Ou t Assessment (Medicaid); Assessment: Mental Status Exam (M Assessment; Assessment: Co-Occurring | patient Therapy including utpatient: Intensive Outpat | Family Sessions- ient Therapy-Youth |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|------------------------|---|--|-----------------------|---------------------|
| Sullivan, Michael | Michael Sullivan Counseling | 208 N. 5th St. Norfolk NB 68701-4155 | (402)750-7923 | (402)226-5161 |
| | | aluations; Adult Non-Residential Services Outpatient - Groups; A nt - Individual; Adult Non-Residential Services Outpatient - Co-Oc Dutpatient Therapy | | rvices Outpatient - |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Williamson, Michael | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | |
| | | aluations; Adult Non-Residential Services Intervention/Education nt - Family; Adult Non-Residential Services Outpatient - Individua co-Occurring; Outpatient Therapy | | |
| have all a Oran data a | Non-Treatment: Anger Management Class: Outp | atient Therapy - Individual-Mental Health; Outpatient Therapy inc | uding Group Sessions- | Mental Health: |

Registered Service Providers for County: Cheyenne

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|---|
| Connor, Shawnda | Christine Karell PC LLO | 815 Flack Ave Alliance NB 69301 | (308)762-2723 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential Services | aluations; Adult Non-Residential Services Intervention/Educa es Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Resid ducation; Juvenile Non-Residential Services Care Monitoring ervices Outpatient - Family; Juvenile Non-Residential Service uvenile Non-Residential Services Intensive Outpatient Treatm | atient - Family; Adult Non-Resid ential Services Intensive Outpa SA/MH; Juvenile Non-Resider s Outpatient - Individual; Juven | lential Services tient Treatment; tial Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| | Mental Health; Outpatient Therapy - Co-occurring Therapy-Co-occurring; Assessment: Co-Occurrin | utpatient Therapy including Group Sessions-Mental Health; C g; Intensive Outpatient: Intensive Outpatient Therapy-Mental I g | | |
| Other Services: | Sliding Fee Scale; | | | |
| Crouch, Samuel | Valley Youth Connections | 29 S Beltline HWY W Scottsbluff NB 69361 | (308)225-0500 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | Outpatient Therapy - Individual-Mental Health; Outpatient Ther ental Health; Intensive Outpatient: Intensive Outpatient Thera | | |
| Other Services: | Sliding Fee Scale; | | | |
| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Adults who Sexually Harm Evaluation; Outpatie | nt Therapy | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Pre-Treatment Assessment (Medicaid); Assessm | atient Therapy - Individual-Mental Health; Outpatient Therapy ental Health; Outpatient Therapy - Eating Disorder; Day Treat pent: Mental Status Exam (MSE) | / including Group Sessions-Me tment Day Treatment-Mental H | ntal Health; ealth; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Mental Health Services: | Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |

Registered Service Providers for County: Cheyenne

| Name | Agency | Address | Phone | Fax |
|---|--|--|--|---|
| Peralta, Nichole | Karuna Counseling Inc | PO Box 508 Sidney NB 69162 | (308)249-7853 | (308)365-5122 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Intervention/Education; Adution - Co-Occurring Treatment | ult Non-Residential | Services Outpatient - |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Other Services: | Sliding Fee Scale; | | | |
| Raney, Sandra | Open Door | 1870 9th St Gering NB 69341 | (308)225-4335 | (308)633-2020 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individual; Adu ervices Substance Abuse Evaluations; Juvenile Non-Residential Services treatment | | |
| Mental Health Services: | | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- | psychosocial); Co-C | ccurring; Outpatient |
| Juvenile Services: | Non-Treatment: Family Support Worker; Non-Tre Evening Reporting; Non-Treatment: Anger Manag Outpatient Therapy including Group Sessions-Me | atment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatm gement Class; Non-Treatment: General Education Class; Outpatient ental Health; Outpatient Therapy including Family Sessions-Mental He by-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid | Therapy - Individual- ealth; Outpatient The | Mental Health; erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient Evaluations; Juveni es Outpatient - Famil |
| | Pre-Treatment Assessment (bio-psychosocial); O | Putpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatier | t Therapy including | Family Sessions- |
| | | ; Assessment: Pre-Treatment Assessment (Medicaid) | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance / le Non-Residential Services Outpatient - Individual | Non-Residential Sel Abuse Evaluations; | rvices Outpatient - Juvenile Non- |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Youth Who S | co-Occurring; Adults who Sexually Harm Evaluation; Psychological Ev utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A Assessment; Assessment: Co-Occurring | t Therapy including nt: Intensive Outpat | Family Sessions- ient Therapy-Youth |

Registered Service Providers for County: Cheyenne

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

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

| Name | Agency | | Address | Phone | Fax | |
|---------------------------|---|--|--|---|---|--|
| Alfrey , Kerry | Kerry L Alfrey LLC | 403 Lexington (| Circle Grand Island NB 68803 | (402)335-7908 | | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier | | | | rvices Outpatient - | |
| Mental Health Services: | | reatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Outpatient Therapy | | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | tpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions- intal Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); sessment: Mental Status Exam (MSE); Assessment: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring | | | | |
| Other Services: | | | | | | |
| Betka, Cindy | FGH Inc | 942 N 13th St. | Geneva NB 68361 | (402)879-5959 | (402)759-3803 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie | | | dult Non-Residential | Services Outpatient - | |
| Mental Health Services: | 1 / | re-Treatment Assessment (bio-psychosocial); Outpatient Therapy | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati Therapy - Co-occurring; Assessment: Pre-Treatm | ent Therapy includi | ng Family Sessions-Mental Health; Outpatient Th | | | |
| Other Services: | Sliding Fee Scale; | ient Assessment (N | redicaid), Assessment. Co-Occurring | | | |
| Denney, Rachel | Parallels | 1640 L St Suite | C Lincoln NB 68508 | (402)730-6802 | | |
| 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 | 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 No | Adult Non-Residentia ces Substance Abus on-Residential Servic | - Services Outpatient e Evaluations; Juvenil | |
| Mental Health Services: | Outpatient Therapy | | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Contemport | utpatient Therapy ir | ncluding Family Sessions-Mental Health; Outpatie | ent Therapy - Co-occ | urring | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 | Lincoln NB 68542 | (402)858-7774 | | |
| Substance Abuse Services: | | | | | | |
| | Pre-Treatment Assessment (bio-psychosocial); A | | | | | |
| | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Ment | al Status Exam (MSE); Assessment: Psychologic | al Evaluation; Asses | sment: Juvenile Who | |
| Other Services: | | | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|-------------------------------------|
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| | Non-Treatment: Day Reporting; Non-Treatmer | nt: General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Outpati | ent Therapy | | |
| Gaverine Corvious. | Outpatient Therapy including Group Sessions- Sexually Harm; Outpatient Therapy - Eating D Outpatient Therapy-Youth Who Sexually Harm | on-Treatment: Juvenile Offender/Victim and Conflict Mediation; Our Mental Health; Outpatient Therapy including Family Sessions-Mer isorder; Intensive Outpatient: Intensive Outpatient Therapy-Mental n; Intensive Outpatient: Intensive Outpatient- Eating Disorder; Asse essment: Juvenile Who Sexually Harm Risk Assessment | ntal Health; Outpatient The Health; Intensive Outpati | erapy - Youth Who ent: Intensive |
| Other Services: | | | | |
| Patitz, Beverly | New Dimensions Counseling | 223 East 14th, Suite 220 Hastings NB 68901 | (402)519-0159 | (402)463-9169 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse | Evaluations; Juvenile Assessment Services Substance Abuse Eva | aluations | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Ju Therapy | uvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessmen | t (bio-psychosocial); Co-C | Occurring; Outpatient |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation including Family Sessions-Mental Health; Outp | ; Non-Treatment: Supervised Visitation; Outpatient Therapy - Indiv patient Therapy - Eating Disorder; Outpatient Therapy - Co-occurri | | |
| Other Services: | (Medicaid); Assessment: Mental Status Exam Sliding Fee Scale; | (MSE); Assessment: Co-Occurring | | |
| Springer, Jo | Spouse Abuse Sexual Assault Crisis Center, Inc | 220 S Burlington, Suite 4 Hastings NB 68901 | (402)463-5810 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

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

| Name | Agency | Address | Phone | Fax | | |
|---------------------------|---|---|--|--|--|--|
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | | | |
| | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family | | |
| | Pre-Treatment Assessment (bio-psychosocial); O | | | | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatien ; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- | | |
| | Silding ree Scale, | | | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 | | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intensi | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ve Outpatient Treatment; Juvenile Assessment Services Substance e Non-Residential Services Outpatient - Individual | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | re-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation; Outpatient Therapy | | | | |
| | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatien Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A Assessment; Assessment: Co-Occurring | ent: Intensive Outpat | ient Therapy-Youth | | |
| Strobel, Barbara | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)548-8175 | | | |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil Treatment | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ve Outpatient Treatment; Juvenile Assessment Services Substance e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | Abuse Evaluations; | Juvenile Non- | | |
| Mental Health Services: | Outpatient Therapy | | | | | |
| Juvenile Services: | | | | | | |
| Other Services: | | | | | | |
| Weber, Kristi | Weber Behavioral Health | 942 N 13th Geneva NB 68361 | (402)759-3802 | (402)759-3803 | | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva | aluations; Adult Non-Residential Services Outpatient - Co-Occurring | Treatment | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre-1 | Freatment Assessment (bio-psychosocial); Outpatient Therapy; Medi | cation Evaluation | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Assessm valuation; Assessment: Mental Status Exam (MSE); Assessment: M | | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|---|--|--|---|--|
| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | • |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Adult Residential Service | l; Adult Non-Residential | Services Outpatient - |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Other Services: | Sliding Fee Scale; | | | |
| Cada, Megan | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)562-0400 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy Non-Treatment: Intensive Family Preservation; C | outpatient Therapy - Individual-Mental Health | | |
| Carde, Lori | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)606-3084 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | 0 | l; Adult Non-Residential Services Intervention/Ec | Services Outpatient - lucation; Juvenile |
| | | aid); Assessment: Mental Status Exam (MSE); Assessment: Co-C | occurring | |
| Cattau, Jeanne | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| | | Dutpatient Therapy utpatient Therapy including Family Sessions-Mental Health; Outpa Health; Assessment: Pre-Treatment Assessment (Medicaid); Asse | | |
| Other Services: | Sliding Fee Scale; | | | |
| Cornwell, Shelli | Colegrove Counseling Center | 1460 35th Ave. Columbus NB 68601 | (402)562-6767 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Co-Occurring Treatment; Adult Non- Juvenile Assessment Services Substance Abuse | aluations; Adult Non-Residential Services Intervention/Education; es Outpatient - Groups; Adult Non-Residential Services Outpatien Residential Services Intensive Outpatient Treatment; Adult Reside Evaluations; Juvenile Non-Residential Services Intervention/Educ al Services Outpatient - Groups; Juvenile Non-Residential Service ent | t - Individual; Adult Non- ential Services Short Te cation; Juvenile Non-Re | -Residential Services rm Residential; sidential Services |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|-----------------------|
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Co-Occurring | utpatient Therapy including Family Sessions-Mental Health | ; Outpatient Therapy - Co-occ | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Freudenburg, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Health; | Outpatient Therapy including | Family Sessions- |
| Other Services: | | | | |
| Hallstrom, Debra | | 2170 N. Platte Ave. Fremont NB 68025 | (402)720-8220 | (402)753-6445 |
| | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Educ nt - Individual; Adult Non-Residential Services Outpatient - 0 Non-Residential Services Intervention/Education; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co | Co-Occurring Treatment; Juve Non-Residential Services Ou | nile Assessment |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | enile Co-Occurring Evaluation (C/O); Pre-Treatment Assess | ment (bio-psychosocial); Co-C | Occurring; Outpatient |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; rder; Outpatient Therapy - Co-occurring; Assessment: Pre-T | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | a a a a a a a a a a a a a a a a a a a | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Psychological Evalua | tion | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Ps | ychological Evaluation; Asses | sment: Juvenile Who |
| Other Services: | | | | |
| Hunter, Linda | Northeast Nebraska Psychological Services, PC | 408 N Oakland Ave Oakland NB 68045 | (402)685-4130 | (402)685-4132 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Psychological E | valuation; Outpatient Therapy | , |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Sexually Harm; Outpatient Therapy - Eating Disorder; Asses sment: Psychological Evaluation; Assessment: Juvenile Wh | ssment: Pre-Treatment Asses | sment (Medicaid); |

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

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|---|--|---|--|
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: 0 | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile No Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin co-Occurring; Outpatient Therapy | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| Juvenile Services: Other Services: | Individual-Mental Health; Outpatient Therapy incl | on-Treatment: Anger Management Class; Non-Treatment: General E uding Group Sessions-Mental Health; Outpatient Therapy including F ensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intens aid); Assessment: Co-Occurring | amily Sessions-Mer | ntal Health; Outpatient |
| Milander-Mace, Amanda | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | (102)011 0011 | (102)071 0010 |
| | Juvenile Pre-Treatment Assessment (PTA): Pre- | Treatment Assessment (bio-psychosocial); Outpatient Therapy | | |
| | Non-Treatment: Intensive Family Preservation; N | on-Treatment: Anger Management Class; Outpatient Therapy - Indivi ient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessm | | Outpatient Therapy |
| Other Services: | | | | |
| Millard, Laurie | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | Dutpatient Therapy | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Non-Treatment: Tracker (Except Douglas County); Non-Treatment: Intensive Family Preservation; No Supervised Visitation; Non-Treatment: Day Reporting; Non-Treatment: Evening Reporting; Non-Treatment: Anger Management Class; Non-Tr Education Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Ther Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Community Treatment Aide; Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assessm Freatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Contracted Services: Tracker; Contracted Services: Electronic M | | | |

Other Services: Bilingual Services;

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---|
| 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-Residentia | cation; Adult Non-Residential Services Outpatient - Groups; Adult <i>i</i> dual; Adult Non-Residential Services Outpatient - Co-Occurring I Services Outpatient - Groups; Juvenile Non-Residential Services esidential Services Outpatient - Co-Occurring Treatment | Treatment; Juvenile Non-F | Residential Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outp rder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatm | | |
| Other Services: | | | | |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| | | cation; Adult Non-Residential Services Outpatient - Groups; Adult vidual; Adult Non-Residential Services Outpatient - Co-Occurring Co-Occurring; Outpatient Therapy | | |
| Other Services: | | | | |
| Osborn, Katlynn | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)366-3472 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Education nt - Individual; Adult Non-Residential Services Outpatient - Co-Oc e Non-Residential Services Intervention/Education; Juvenile Non- ndividual; Juvenile Non-Residential Services Outpatient - Co-Occ | curring Treatment; Juvenil Residential Services Outpa | e Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring: Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Asse | essment: Pre-Treatment As | sessment |
| Other Services: | Sliding Fee Scale; | - , | | |
| Rezac, Jacqueline | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)350-3267 | |
| Mental Health Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); O | | nt - Family; Adult Non-Resi al Services Intensive Outpa ucation; Juvenile Non-Resi es Outpatient - Family; Juv ent; Juvenile Non-Resident | dential Services atient Treatment; dential Services renile Non- tial Services |
| luuranile. Comission | Outpatient Therepy, Individual Mantal Health: O | utpatient Therapy including Family Sessions-Mental Health; Asse | a a ma a mate Dua. Tua atua a mate A a | |

| Name | Agency | Address | Phone | Fax |
|---|--|--|--|--|
| Other Services: | Sliding Fee Scale; | | • | |
| Roberts, Markie | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | (402)727-4288 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | | utpatient Therapy including Family Sessions-Mental Health | | |
| Rowley, Abbie | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)920-2809 | |
| | Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T | aluations; Adult Non-Residential Services Outpatient - Individual; Aduervices Substance Abuse Evaluations; Juvenile Non-Residential Ser reatment | | |
| Mental Health Services: | | utentiont Thereau Individual Mantal Licelth | | |
| Other Services: | Non-Treatment: Intensive Family Preservation; O | utpatient merapy - individual-mental meatin | | |
| Semerad, MaLeaha | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| | Outpatient Therapy - Individual-Mental Health; Ou Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| Other Services: | | | | |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| | | sychological Evaluation; Outpatient Therapy; Mental Health Intensive | - | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Therapy - Co-occurring; Assessment: Pre-Treatm Assessment: Juvenile Who Sexually Harm Risk A | utpatient Therapy including Family Sessions-Mental Health; Outpatie nent Assessment (Medicaid); Assessment: Mental Status Exam (MSE Assessment | nt Therapy - Eating E); Assessment: Psy | Disorder; Outpatient chological Evaluation; |
| Other Services: | | | | |
| Stahlecker, Rebecca | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| 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 Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Adults who Sexually Harm Evaluation; Outpatient Thera | dult Non-Residential vices Intervention/Ec esidential Services | Services Outpatient - ducation; Juvenile Outpatient - Individual |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occur | | ons-Mental Health; |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|--|
| | Assessment: Pre-Treatment Assessment (Medic | aid); Assessment: Mental Status Exam (MSE); Assessment: Juveni | le Who Sexually Harm | Risk Assessment |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Serv ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | Adult Non-Residential vices Substance Abuse Ion-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpati g; Assessment: Pre-Treatment Assessment (Medicaid) | ent Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni | aluations; Adult Non-Residential Services Outpatient - Groups; Aduite Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual co-Occurring; Adults who Sexually Harm Evaluation; Psychological | e Abuse Evaluations; | Juvenile Non- |
| | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpati Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpa t Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | ent Therapy including tient: Intensive Outpat | Family Sessions- ient Therapy-Youth |
| Other Services: | Sliding Fee Scale; | 5 | | |
| Sullivan, Michael | Michael Sullivan Counseling | 208 N. 5th St. Norfolk NB 68701-4155 | (402)750-7923 | (402)226-5161 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Groups; Adu | | vices Outpatient - |
| Mental Health Services: | Family; Adult Non-Residential Services Outpatier Pre-Treatment Assessment (bio-psychosocial); C | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu | irring Treatment | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Trotta, Beverly | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (402)942-9007 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| 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; Adult Non-Residential Services Outpatient - es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Se ducation; Juvenile Non-Residential Services Outpatient - Groups; Ju Patient - Individual; Juvenile Non-Residential Services Outpatient - Co | Family; Adult Non-Re ervices Substance At venile Non-Resident | esidential Services buse Evaluations; ial Services Outpatier |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio | -psychosocial); Co-C | Occurring; Outpatient |
| Juvenile Services: | | Treatment: General Education Class; Outpatient Therapy - Individua ient Therapy including Family Sessions-Mental Health; Outpatient Th Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| 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 int - Family; Adult Non-Residential Services Outpatient - Individual; A iervices Substance Abuse Evaluations; Juvenile Non-Residential Ser uvenile Non-Residential Services Outpatient - Family; Juvenile Non-F io-Occurring Treatment | dult Non-Residential | Services Outpatient - ducation; Juvenile |
| Mental Health Services: | • | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I | dult Non-Residential | Services Outpatient |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Other Services: | Sliding Fee Scale; | | | |
| Barritt, Samantha | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| Substance Abuse Services: | Adult Non-Residential Services Care Monitoring Family; Adult Non-Residential Services 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-Reside SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult N nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr tesidential Services Dual Residential (MH/SA); Adult Residential Services; Juvenile Non-Residential Services Intervention/Education; Juven vices Outpatient - Groups; Juvenile Non-Residential Services Outpat esidential Services Outpatient - Co-Occurring Treatment; Juvenile No | on-Residential Servi- ring Treatment; Adult vices Short Term Res nile Non-Residential ient - Family; Juvenil | ces Outpatient - Non-Residential sidential; Juvenile Services Care e Non-Residential |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| 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; | | | |
| Bendy, Laurie | | 11840 Nicholas Street, Suite 200 Omaha NB 68154 | (402)807-2569 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | rvices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | ing rreatment | |
| Juvenile Services: | ,,, | ······································ | | |
| Other Services: | Sliding Fee Scale; | | | |
| Brostad, Greg | Resolution Treatment Services | 505 5th Street Suite #225 Sioux city IA 51101 | (515)493-4787 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Intensive Outpatient: Intensive Outpatient Therap Exam (MSE): Assessment: Juvenile Who Sexual | utpatient Therapy including Group Sessions-Mental Health; Outpatien by-Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment | nt Therapy - Youth W ent (Medicaid); Asse | /ho Sexually Harm; ssment: Mental Statu |
| Other Services: | LAIT (WOL), Assessment. Juvenile WHO Sexual | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|--------------------|
| Cattau, Jeanne | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocia | I); Outpatient Therapy | | |
| Juvenile Services: | | n; Outpatient Therapy including Family Sessions-Mental Health; Out ntal Health; Assessment: Pre-Treatment Assessment (Medicaid); As | | |
| Other Services: | Sliding Fee Scale; | | | |
| Clyde, Jessica | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | 1 19 | | | |
| | Non-Treatment: Family Support Worker; Com | nmunity Treatment Aide | | |
| Other Services: | | | | |
| DeWalt, Jennifer | Jennifer S. DeWalt | 302 South 13 Street Norfolk NB 68701-4963 | (402)649-8366 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Freudenburg, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocia | I); Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health Mental Health; Outpatient Therapy - Eating D | n; Outpatient Therapy including Group Sessions-Mental Health; Out isorder | patient Therapy including | Family Sessions- |
| Other Services: | | | | |
| Hallstrom, Debra | | 2170 N. Platte Ave. Fremont NB 68025 | (402)720-8220 | (402)753-6445 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpa Services Substance Abuse Evaluations; Juve | e Evaluations; Adult Non-Residential Services Intervention/Educatic atient - Individual; Adult Non-Residential Services Outpatient - Co-C enile Non-Residential Services Intervention/Education; Juvenile Non t - Individual; Juvenile Non-Residential Services Outpatient - Co-Oc | Occurring Treatment; Juve -Residential Services Out | nile Assessment |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); J Therapy | luvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessmen | t (bio-psychosocial); Co-C | ccurring; Outpatie |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health | n; Outpatient Therapy including Group Sessions-Mental Health; Out isorder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treat | | |
| | Wental Status Exam (WSE): Assessment: Co | -Occumina | | |

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|---------------------------------|
| Hergott, Mariah | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - C | | vidual; Adult Non-Residential S stance Abuse Evaluations; Juv | ervices Intensive enile Non- |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; (g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occ | | |
| Other Services: | Sliding Fee Scale; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluati | on | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psyc | chological Evaluation; Assessm | ent: Juvenile W |
| Other Services: | | | | |
| Hunter, Linda | Northeast Nebraska Psychological Services, PC | 408 N Oakland Ave Oakland NB 68045 | (402)685-4130 (| 402)685-4132 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Psychological Ev | aluation; Outpatient Therapy | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; (Sexually Harm; Outpatient Therapy - Eating Disorder; Assess sment: Psychological Evaluation; Assessment: Juvenile Who | sment: Pre-Treatment Assessm | nent (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services | Sliding Eco Scalo: | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Individual-Mental Health; Outpatient Therapy incl | on-Treatment: Anger Management Class; Non-Treatment: General Eu uding Group Sessions-Mental Health; Outpatient Therapy including F ensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intens aid); Assessment: Co-Occurring | amily Sessions-Men | tal Health; Outpatient |
| 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 ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Resident ent Treatment; Adult Residential Services Short Term Residential; Jun- vices Intervention/Education; Juvenile Non-Residential Services Outp lential Services Outpatient - Individual; Juvenile Non-Residential Services Vertices Non-Residential Services Vertices Vertices Vertices Vertices Vertices Vertices Vertices Non-Residential Services Vertices Verti | esidential Services C venile Assessment S patient - Groups; Juv | outpatient - Individual; Services Substance enile Non-Residentia |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpatient | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental H py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster (| ting Disorder; Outpa Therapy-Youth Wh | tient Therapy - Co- o Sexually Harm; |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Milander-Mace, Amanda | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| | | Treatment Assessment (bio-psychosocial); Outpatient Therapy | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; N- including Family Sessions-Mental Health; Outpati | on-Treatment: Anger Management Class; Outpatient Therapy - Indivi ient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessm | dual-Mental Health; ent (Medicaid) | Outpatient Therapy |
| Other Services: | | | | |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| Substance Abuse Services: | | cation; Adult Non-Residential Services Outpatient - Groups; Adult Nor idual; Adult Non-Residential Services Outpatient - Co-Occurring Trea | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Osborn, Katlynn | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)366-3472 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ng Treatment; Juve dential Services Out | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assessm SE) | ent: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Petersen, Connie | Behavioral Health Specialist/Seekers of Serenity | 923 E Norfolk Ave Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| | Non-Residential Services Outpatient - Family; Ad Treatment; Adult Non-Residential Services Intens Substance Abuse Evaluations; Juvenile Non-Res Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | ssessment Services Substance Abuse Evaluations; Adult Non-Reside lult Non-Residential Services Outpatient - Individual; Adult Non-Reside sive Outpatient Treatment; Adult Residential Services Short Term Resi idential Services Outpatient - Groups; Juvenile Non-Residential Serv nile Non-Residential Services Outpatient - Co-Occurring Treatment; A | ential Services Outp sidential; Juvenile As ces Outpatient - Far | atient - Co-Occurring ssessment Services mily; Juvenile Non- |
| | | o-Occurring; Psychological Evaluation; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatier | t Therapy including | Family Sessions- |
| | Mental Health; Outpatient Therapy - Co-occurring | g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A SE); Assessment: Psychological Evaluation; Assessment: Co-Occurr | ssessment: Pre-Trea | |

| Name | Agency | Address | Phone | Fax |
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| Roberts, Markie | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | (402)727-4288 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | | utpatient Therapy including Family Sessions-Mental Health | | |
| Schulenberg, Amber | Midwest Country Clinic | Box 26 202 East HWY 20 Bassett NB 68714 | (402)380-9249 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Semerad, MaLeaha | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | . , | . , |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); P | sychological Evaluation; Outpatient Therapy; Mental Health Intensive | e Management | |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatie nent Assessment (Medicaid); Assessment: Mental Status Exam (MSE Assessment | | |
| Other Services: | | | | |
| Sorensen, Rachel | | 2170 North Platte Ave Fremont NB 68025 | (402)720-3992 | (402)753-6445 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential vices Intervention/Ec esidential Services | Services Outpatient ducation; Juvenile Outpatient - Individua |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio | -psychosocial); Co-C | Occurring; Outpatient |
| Juvenile Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M | atient Therapy - Individual-Mental Health; Outpatient Therapy includii ental Health; Outpatient Therapy - Eating Disorder; Outpatient Theraj nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assess | oy - Co-occurring; In | tensive Outpatient: |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; Bilingual Services; | | · | • |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Edu ent - Family; Adult Non-Residential Services Outpatient - Ind Services Intensive Outpatient Treatment; Juvenile Assessm ; Juvenile Non-Residential Services Outpatient - Groups; Ju ndividual; Juvenile Non-Residential Services Outpatient - Co | dividual; Adult Non-Residential S nent Services Substance Abuse uvenile Non-Residential Service | Services Outpatient Evaluations; Juvenil s Outpatient - Family |
| | | utpatient Therapy including Group Sessions-Mental Health | Outpatient Therapy including E | amily Sessions- |
| Suverille Services. | | g; Assessment: Pre-Treatment Assessment (Medicaid) | , Outpatient merapy including r | amily Sessions- |
| Other Services: | Sliding Fee Scale; | g) · · · · · · · · · · · · · · · · · · · | | |
| Sullivan, Michael | Michael Sullivan Counseling | 208 N. 5th St. Norfolk NB 68701-4155 | (402)750-7923 | (402)226-5161 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Gro nt - Individual; Adult Non-Residential Services Outpatient - (| | vices Outpatient - |
| | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | - | |
| Mental Health Services: Juvenile Services: | | Dutpatient Therapy | - | |
| | | Dutpatient Therapy | - | |
| Juvenile Services: | | 2277 22nd Ave Columbus NB 68601 | (402)371-3044 | |
| Juvenile Services: Other Services: Swantek, Mallory Substance Abuse Services: | Good Life Counseling & Support Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Individual | | ication; Adult Non-Residential S dividual; Juvenile Assessment S | ervices Substance |
| Juvenile Services: Other Services: Swantek, Mallory Substance Abuse Services: Mental Health Services: | Good Life Counseling & Support Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual Co-Occurring; Outpatient Therapy | 2277 22nd Ave Columbus NB 68601 valuations; Adult Non-Residential Services Intervention/Edu ent - Family; Adult Non-Residential Services Outpatient - Ind rvices Intervention/Education; Juvenile Non-Residential Services | ication; Adult Non-Residential S dividual; Juvenile Assessment S | ervices Substance |
| Juvenile Services: Other Services: Swantek, Mallory Substance Abuse Services: Mental Health Services: | Good Life Counseling & Support Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Individual Co-Occurring; Outpatient Therapy Non-Treatment: Family Support Worker; Assessm | 2277 22nd Ave Columbus NB 68601 valuations; Adult Non-Residential Services Intervention/Edu ent - Family; Adult Non-Residential Services Outpatient - Ind rvices Intervention/Education; Juvenile Non-Residential Services | ication; Adult Non-Residential S dividual; Juvenile Assessment S | ervices Substance |
| Juvenile Services: Other Services: Swantek, Mallory Substance Abuse Services: Mental Health Services: Juvenile Services: | Good Life Counseling & Support Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Individual Co-Occurring; Outpatient Therapy Non-Treatment: Family Support Worker; Assessm | 2277 22nd Ave Columbus NB 68601 valuations; Adult Non-Residential Services Intervention/Edu ent - Family; Adult Non-Residential Services Outpatient - Ind rvices Intervention/Education; Juvenile Non-Residential Services | ication; Adult Non-Residential S dividual; Juvenile Assessment S rvices Outpatient - Groups; Juve | ervices Substance |
| Juvenile Services: Other Services: Swantek, Mallory Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Turner-Beardslee, Nicole | Good Life Counseling & Support Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Individual Co-Occurring; Outpatient Therapy Non-Treatment: Family Support Worker; Assess Nicole Turner Beardslee Counseling Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat | 2277 22nd Ave Columbus NB 68601 valuations; Adult Non-Residential Services Intervention/Edu ent - Family; Adult Non-Residential Services Outpatient - Ind rvices Intervention/Education; Juvenile Non-Residential Ser ment: Pre-Treatment Assessment (Medicaid) | (402)649-6208 (402)649-6208 (cation; Adult Non-Residential Si (402)649-6208 | ervices Substance enile Non-Residentia (888)861-8730 ervices Outpatient - ons; Juvenile Non- |
| Juvenile Services: Other Services: Swantek, Mallory Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Turner-Beardslee, Nicole Substance Abuse Services: | Good Life Counseling & Support Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Individual Co-Occurring; Outpatient Therapy Non-Treatment: Family Support Worker; Assess Nicole Turner Beardslee Counseling Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpatient Residential Services Intervention/Education; Juve | 2277 22nd Ave Columbus NB 68601 /aluations; Adult Non-Residential Services Intervention/Edu ent - Family; Adult Non-Residential Services Outpatient - Ind rvices Intervention/Education; Juvenile Non-Residential Services ment: Pre-Treatment Assessment (Medicaid) 221 E Grant St Wes Point NB 68788 /aluations; Adult Non-Residential Services Intervention/Educ tient - Co-Occurring Treatment; Juvenile Assessment Services enile Non-Residential Services Outpatient - Individual; Juve | (402)649-6208 (402)649-6208 (cation; Adult Non-Residential Si (402)649-6208 | ervices Substance enile Non-Residentia (888)861-8730 ervices Outpatient - ons; Juvenile Non- |
| Juvenile Services: Other Services: Swantek, Mallory Substance Abuse Services: Mental Health Services: Other Services: Turner-Beardslee, Nicole Substance Abuse Services: Mental Health Services: | Good Life Counseling & Support Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Individual Co-Occurring; Outpatient Therapy Non-Treatment: Family Support Worker; Assess Nicole Turner Beardslee Counseling Adult Assessment Services Substance Abuse Ex Individual; Adult Non-Residential Services Outpat Residential Services Intervention/Education; Juve Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C | 2277 22nd Ave Columbus NB 68601 /aluations; Adult Non-Residential Services Intervention/Edu ent - Family; Adult Non-Residential Services Outpatient - Ind rvices Intervention/Education; Juvenile Non-Residential Services ment: Pre-Treatment Assessment (Medicaid) 221 E Grant St Wes Point NB 68788 /aluations; Adult Non-Residential Services Intervention/Educ tient - Co-Occurring Treatment; Juvenile Assessment Services enile Non-Residential Services Outpatient - Individual; Juve | (402)649-6208 (402)649-6208 (cation; Adult Non-Residential S (402)649-6208 (cation; Adult Non-Residential S ices Substance Abuse Evaluatio anile Non-Residential Services C | ervices Substance enile Non-Residentia (888)861-8730 ervices Outpatient - ons; Juvenile Non- Dutpatient - Co- |

| Name | Agency | Address | Phone | Fax |
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| Wagner, Alicia | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Education; Adu ant - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non adividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family; |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | 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; | | | |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adu es Outpatient - Groups; Adult Non-Residential Services Outpatient - F | | |
| | Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E | rvices Outpatient - Groups, Aduit Non-Residential Services Outpatient - Privices Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co- | rvices Substance Ab venile Non-Residenti | ouse Evaluations; al Services Outpatient |
| Mental Health Services: | Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E - Family; Juvenile Non-Residential Services Outp Juvenile Pre-Treatment Assessment (PTA); Juve | rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Se ducation; Juvenile Non-Residential Services Outpatient - Groups; Juv | rvices Substance Ab venile Non-Residenti -Occurring Treatmer | ouse Evaluations; al Services Outpatient nt |
| | Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E - Family; Juvenile Non-Residential Services Outp Juvenile Pre-Treatment Assessment (PTA); Juve Therapy Non-Treatment: Anger Management Class; Non- | rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Ser ducation; Juvenile Non-Residential Services Outpatient - Groups; Juv patient - Individual; Juvenile Non-Residential Services Outpatient - Co- nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- Treatment: General Education Class; Outpatient Therapy - Individual- ent Therapy including Family Sessions-Mental Health; Outpatient The | rvices Substance Ab venile Non-Residenti -Occurring Treatmer psychosocial); Co-C -Mental Health; Outp | puse Evaluations; al Services Outpatient nt Occurring; Outpatient patient Therapy |
| Juvenile Services: | Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E - Family; Juvenile Non-Residential Services Outp Juvenile Pre-Treatment Assessment (PTA); Juve Therapy Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati | rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Ser ducation; Juvenile Non-Residential Services Outpatient - Groups; Juv patient - Individual; Juvenile Non-Residential Services Outpatient - Co- nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- Treatment: General Education Class; Outpatient Therapy - Individual- ent Therapy including Family Sessions-Mental Health; Outpatient The | rvices Substance Ab venile Non-Residenti -Occurring Treatmer psychosocial); Co-C -Mental Health; Outp | puse Evaluations; al Services Outpatient nt Occurring; Outpatient patient Therapy |
| Juvenile Services: | Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E - Family; Juvenile Non-Residential Services Outp Juvenile Pre-Treatment Assessment (PTA); Juve Therapy Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati Treatment Assessment (Medicaid); Assessment: | rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Ser ducation; Juvenile Non-Residential Services Outpatient - Groups; Juv patient - Individual; Juvenile Non-Residential Services Outpatient - Co- nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- Treatment: General Education Class; Outpatient Therapy - Individual- ent Therapy including Family Sessions-Mental Health; Outpatient The | rvices Substance Ab venile Non-Residenti -Occurring Treatmer psychosocial); Co-C -Mental Health; Outp | puse Evaluations; al Services Outpatient nt Occurring; Outpatient patient Therapy |
| Juvenile Services: Other Services: Walton, Robert | Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E - Family; Juvenile Non-Residential Services Outp Juvenile Pre-Treatment Assessment (PTA); Juve Therapy Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati Treatment Assessment (Medicaid); Assessment: Sliding Fee Scale; Phoenix House Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Seiducation; Juvenile Non-Residential Services Outpatient - Groups; Juvenile to - Individual; Juvenile Non-Residential Services Outpatient - Co- nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- Treatment: General Education Class; Outpatient Therapy - Individual- ent Therapy including Family Sessions-Mental Health; Outpatient Therapy - Individual- 1571 23rd Ave Columbus NB 68601 Taluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual- envices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Fami | rvices Substance Ab venile Non-Residenti -Occurring Treatmer psychosocial); Co-C -Mental Health; Outp erapy - Co-occurring (402)841-3791 ult Non-Residential dult Non-Residential vices Intervention/Ec | puse Evaluations; al Services Outpatient occurring; Outpatient patient Therapy ; Assessment: Pre- (402)302-1001 Services Outpatient - Services Outpatient - lucation; Juvenile |
| Juvenile Services: Other Services: Walton, Robert | Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E - Family; Juvenile Non-Residential Services Outp Juvenile Pre-Treatment Assessment (PTA); Juve Therapy Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati Treatment Assessment (Medicaid); Assessment: Sliding Fee Scale; Phoenix House Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Seiducation; Juvenile Non-Residential Services Outpatient - Groups; Juvenile to - Individual; Juvenile Non-Residential Services Outpatient - Co- nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- Treatment: General Education Class; Outpatient Therapy - Individual- ent Therapy including Family Sessions-Mental Health; Outpatient Therapy - Individual- 1571 23rd Ave Columbus NB 68601 Taluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual- envices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Fami | rvices Substance Ab venile Non-Residenti -Occurring Treatmer psychosocial); Co-C -Mental Health; Outp erapy - Co-occurring (402)841-3791 ult Non-Residential dult Non-Residential vices Intervention/Ec | puse Evaluations; al Services Outpatient occurring; Outpatient patient Therapy ; Assessment: Pre- (402)302-1001 Services Outpatient - Services Outpatient - lucation; Juvenile |
| Juvenile Services: Other Services: Walton, Robert Substance Abuse Services: | Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E - Family; Juvenile Non-Residential Services Outp Juvenile Pre-Treatment Assessment (PTA); Juve Therapy Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati Treatment Assessment (Medicaid); Assessment: Sliding Fee Scale; Phoenix House Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Outpatient Therapy | rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Seiducation; Juvenile Non-Residential Services Outpatient - Groups; Juvenile to - Individual; Juvenile Non-Residential Services Outpatient - Co- nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- Treatment: General Education Class; Outpatient Therapy - Individual- ent Therapy including Family Sessions-Mental Health; Outpatient Therapy - Individual- 1571 23rd Ave Columbus NB 68601 Taluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual- envices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Fami | rvices Substance Ab venile Non-Residenti -Occurring Treatmer psychosocial); Co-C -Mental Health; Outp erapy - Co-occurring (402)841-3791 ult Non-Residential dult Non-Residential vices Intervention/Ec | puse Evaluations; al Services Outpatien nt occurring; Outpatient patient Therapy ; Assessment: Pre- (402)302-1001 Services Outpatient - Services Outpatient - Services Outpatient - |

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|--|---|--|---|
| Bomberger, Molly | | 5404 Ave I Kearney NB 68847 | (308)293-0954 | (308)233-5216 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E | valuations; Juvenile Assessment Services Substance Abuse Ev | aluations | |
| | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring; Adults who Sexually Harm Evaluation | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Boyce, Shelley | Shelley K Boyce, LIMHP, CPC | 314 S 14th St Suite 101 Ord NB 68862 | (308)728-9979 | (308)728-9980 |
| Substance Abuse Services: | | | | |
| | Pre-Treatment Assessment (bio-psychosocial); (| 1 19 | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C | Dutpatient Therapy including Family Sessions-Mental Health; Ou | tpatient Therapy - Eating I | Disorder |
| Other Services: | Sliding Fee Scale; | | | |
| Brandyberry, Kyle | Heartland Counseling | 110 N Bailey PO Box 1209 North Platte NB 69101 | (308)534-6029 | (308)534-6961 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - I Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment; Juvenile Assessment n; Juvenile Non-Residential Services Outpatient - Groups; Juven Individual; Juvenile Non-Residential Services Outpatient - Co-Oc | ual; Adult Non-Residential Services Substance Abuse ile Non-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| | Pre-Treatment Assessment (bio-psychosocial); (| - | | |
| Juvenile Services: | | Dutpatient Therapy including Group Sessions-Mental Health; Ou Ig; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurr MSE): Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | ,,,,, | | |
| 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 | | | |
| | Pre-Treatment Assessment (bio-psychosocial); (| | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; C | Dutpatient Therapy - Co-occurring; Assessment: Co-Occurring | | |

| 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-Residenti | aluations; Adult Non-Residential Services Intervention/Education nt - Family; Adult Non-Residential Services Outpatient - Individ al Services Intervention/Education; Juvenile Non-Residential Se e Non-Residential Services Outpatient - Individual; Juvenile Non- | ual; Adult Non-Residential ervices Outpatient - Group | Services Outpatient - s; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| | 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 Outpat | raluations; Adult Non-Residential Services Outpatient - Family; tient - Co-Occurring Treatment; Juvenile Assessment Services e Non-Residential Services Outpatient - Individual; Juvenile Nor | Substance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Adults who Sexually Harm Evaluation; Outpatient | Therapy | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Ou lent: Co-Occurring | tpatient Therapy - Co-occi | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Adults who Sexually Harm Evaluation; Outpatient | Therapy | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-Me Pre-Treatment Assessment (Medicaid); Assessm | atient Therapy - Individual-Mental Health; Outpatient Therapy ir ental Health; Outpatient Therapy - Eating Disorder; Day Treatm ent: Mental Status Exam (MSE) | ncluding Group Sessions-I lent Day Treatment-Menta | /lental Health; I Health; 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 | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E | aluations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpati rvices Outpatient - Co-Occurring Treatment; Juvenile Assessme ducation; Juvenile Non-Residential Services Care Monitoring S ervices Outpatient - Family; Juvenile Non-Residential Services (Dutpatient Therapy | ent - Family; Adult Non-Re ent Services Substance At A/MH; Juvenile Non-Resid | sidential Services buse Evaluations; lential Services |
| | | utpatient Therapy including Group Sessions-Mental Health; Out | | |

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

| Name | Agency | Address | Phone | Fax | |
|---------------------------|--|--|---|--|--|
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | | |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Outpatient Therapy | | | | |
| Juvenile Services: | on-Treatment: Day Reporting; Non-Treatment: General Education Class | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Kennedy, Jr., William T. | | 2267 N Webb Rd Grand Island NB 68803 | (308)390-6948 | (308)624-2164 | |
| Substance Abuse Services: | ices: 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 | | | | |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | nt - Family, Adult Non-Residential Services Outpatient - Individual | | | |
| Juvenile Services: | | | | | |
| 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; Adu es Outpatient - Groups; Adult Non-Residential Services Outpatient - F rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se Evaluations; Juvenile Non-Residential Services Intervention/Education al Services Outpatient - Groups; Juvenile Non-Residential Services O enile Non-Residential Services Outpatient - Co-Occurring Treatment; A | amily; Adult Non-Re prvices Intensive Ou on; Juvenile Non-Re utpatient - Family; J | esidential Services apatient Treatment; sidential Services uvenile Non- | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | | |
| | Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Health; Outpatier der; Assessment: Pre-Treatment Assessment (Medicaid) | t Therapy including | Family Sessions- | |
| Other Services: | Sliding Fee Scale; | | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 | |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental H py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster (| ting Disorder; Outpa t Therapy-Youth Wh | atient Therapy - Co- o Sexually Harm; | |
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Other Services:

| Name | Agency | Address | Phone | Fax |
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| Olson, Elissa | | 1367 33rd Ave Columbus NB 68601 | (402)942-1679 | |
| | | | | |
| | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Health; C der; Outpatient Therapy - Co-occurring; Intensive Outpatient: g Disorder; Intensive Outpatient: Intensive Outpatient Therapy | Intensive Outpatient Therap | y-Mental Health; |
| Other Services: | | | | |
| Roberts, Markie | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | (402)727-4288 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | | | |
| Schulenberg, Amber | Midwest Country Clinic | Box 26 202 East HWY 20 Bassett NB 68714 | (402)380-9249 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Educa ent - Family; Adult Non-Residential Services Outpatient - Indiv Services Intensive Outpatient Treatment; Juvenile Assessmer ; Juvenile Non-Residential Services Outpatient - Groups; Juven idividual; Juvenile Non-Residential Services Outpatient - Co-C | idual; Adult Non-Residential ht Services Substance Abuse enile Non-Residential Servic | Services Outpatient Evaluations; Juveni es Outpatient - Famil |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; C g; Assessment: Pre-Treatment Assessment (Medicaid) | Outpatient Therapy including | Family Sessions- |
| | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance A le Non-Residential Services Outpatient - Individual | Abuse Evaluations; . | luvenile Non- |
| | | o-Occurring; Adults who Sexually Harm Evaluation; Psychological Ev | • | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A Assessment; Assessment: Co-Occurring | nt: Intensive Outpati | ent 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 | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Serv I; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No tient - Individual | dult Non-Residential rices Intervention/Ed | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | | Freatment Assessment (bio-psychosocial); Co-Occurring; Outpatient | Therapy | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | | | |
| Williamson, Michael | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Outpa Outpatient Therapy including Family Sessions-Me Treatment Assessment (Medicaid); Assessment: | atient Therapy - Individual-Mental Health; Outpatient Therapy includir ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap Co-Occurring | g Group Sessions-N y - Co-occurring; As | /lental Health; sessment: Pre- |
| Other Services: | Sliding Fee Scale; | | | |
| 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 Outpatien Services Intensive Outpatient Treatment; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri e Assessment Services Substance Abuse Evaluations; Juvenile Non- amily; Juvenile Non-Residential Services Outpatient - Individual; Juve | ng Treatment; Adult Residential Services | Non-Residential Outpatient - Groups |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| | (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Assessm | ent: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | | | |

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

| Name | Agency | Add | Iress | Phone | Fax |
|--|---|--|--|---|--|
| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB | 68701 | (402)750-9660 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Adult Non-Residential | ent - Family; Adult Non-Residential | Services Outpatient - Individual; A | Adult Non-Residential | Services Outpatient |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring; Outpatient Therapy | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Brostad, Greg | Resolution Treatment Services | 505 5th Street Suite #225 Sid | oux city IA 51101 | (515)493-4787 | |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Adults who Sexually Harm Evaluatio | on; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C Intensive Outpatient: Intensive Outpatient Thera Exam (MSE); Assessment: Juvenile Who Sexua | py-Youth Who Sexually Harm; Asse | Sessions-Mental Health; Outpatie essment: Pre-Treatment Assessm | ent Therapy - Youth V ent (Medicaid); Asse | /ho Sexually Harm; ssment: Mental Statu |
| Other Services: | | , | | | |
| Brown, Nicholas | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 | South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Service | ces Outpatient - Groups; Adult Non-F | Residential Services Outpatient - | Family; Adult Non-Re | esidential Services |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring; Outpatient Therapy | | | |
| | Sliding Fee Scale; Bilingual Services; | | | | |
| Carlson, Scott | MT Counseling | 1023 N 205th St Elkhorn NB | 68022 | (402)658-3737 | |
| Substance Abuse Services: Mental Health Services: | Outpatient Therapy | | | | |
| Juvenile Services: Other Services: | | | | | |
| Cochran, Virginia | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 | South Sioux City NB 69887 | (402)494-3337 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juven | ent - Individual; Adult Non-Residentia | al Services Outpatient - Co-Occur | ring Treatment; Adul | 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

| Name | Agency | Add | lress | Phone | Fax |
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| | Outpatient Treatment | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psycho | osocial); Co-Occurring; Outpatien | t Therapy | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Therapy-Mental Health; Assessment: Pre-Treatn | | | | nsive Outpatient |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual So | ervices; | | | |
| Goodrich, Leslie | Catholic Charities of the Diocese of Sioux City | 1601 Military Rd Sioux City I | A 51103 | (712)252-4547 | (712)252-3785 |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation | on; Outpatient Therapy | | |
| Juvenile Services: | | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Groetken, Ryan | Catholic Charities of the Diocese of Sioux City | 1601 Military Rd Sioux City I | A 51103 | (712)252-4547 | (712)252-3785 |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Outpatien | t Therapy | | | |
| Juvenile Services: | | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Halladay, Michelle | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 | South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | ent - Family; Adult Non-Residential Services Intensive Outpatient Treat ; Juvenile Non-Residential Service: | Services Outpatient - Individual; / tment; Juvenile Assessment Serv s Outpatient - Groups; Juvenile N | Adult Non-Residentia ices Substance Abus on-Residential Servio | I Services Outpatient e Evaluations; Juveni ces Outpatient - Famil |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | enile Co-Occurring Evaluation (C/O |); Pre-Treatment Assessment (bio | o-psychosocial); Co-0 | Occurring; Outpatient |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurrin (Medicaid); Assessment: Outpatient Psychiatric I | g; Intensive Outpatient: Intensive C | Outpatient Therapy-Co-occurring; A | ent Therapy including Assessment: Pre-Tre | Family Sessions- atment Assessment |
| Other Services: | Sliding Fee Scale; | | | | |
| Hamstra, Emily | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 | South Sioux City NB 69887 | (402)494-3337 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residenti | es Outpatient - Groups; Adult Non- rvices Outpatient - Co-Occurring T e Evaluations; Juvenile Non-Reside | Residential Services Outpatient - reatment; Adult Non-Residential S | Family; Adult Non-Re Services Intensive Ou | esidential Services utpatient Treatment; |

| Name | Agency | Address | Phone | Fax | |
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| Mental Health Services: | Co-Occurring Treatment; Juvenile Non-Resident | amily; Juvenile Non-Residential Services Outpatient - Ind ial Services Intensive Outpatient Treatment Treatment Assessment (bio-psychosocial); Co-Occurring; | | I Services Outpatient | |
| Juvenile Services: | including Group Sessions-Mental Health; Outpat | -Treatment: Anger Management Class; Non-Treatment: General Education Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy uding Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient nsive Outpatient Therapy-Mental Health; Day Treatment Day Treatment-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid) | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | | |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Psychological Evaluation | uation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: F | Psychological Evaluation; Assess | sment: Juvenile Who | |
| 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 Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outp | valuations; Adult Non-Residential Services Care Monitorin ent - Family; Adult Non-Residential Services Outpatient - I Services Intensive Outpatient Treatment; Adult Residentia venile Assessment Services Substance Abuse Evaluation atient - Groups; Juvenile Non-Residential Services Outpa Services Outpatient - Co-Occurring Treatment; Juvenile I | ndividual; Adult Non-Residential al Services Dual Residential (MH s; Juvenile Non-Residential Serv tient - Family; Juvenile Non-Res | Services Outpatient - //SA); Adult vices Care Monitoring idential Services | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive Out | tpatient: Intensive Outpatient Therapy-Co-occurring | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Outpatient - G nt - Individual; Adult Non-Residential Services Outpatient Ion-Residential Services Partial Care; Adult Residential S I Services Short Term Residential | - Co-Occurring Treatment; Adult | Non-Residential | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); 0 | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | | | | |
| | Sliding Fee Scale; | | | | |

| Name | Agency | Address | Phone | Fax |
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| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Individual-Mental Health; Outpatient Therapy incl | on-Treatment: Anger Management Class; Non-Treatment: General E- uding Group Sessions-Mental Health; Outpatient Therapy including F ensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intens aid); Assessment: Co-Occurring | amily Sessions-Men | tal Health; 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 ups; Adult Non-Residential Services Outpatient - Family; Adult Non-Resident ent Treatment; Adult Residential Services Short Term Residential; Jun- vices Intervention/Education; Juvenile Non-Residential Services Outp lential Services Outpatient - Individual; Juvenile Non-Residential Services Vertices Ve | esidential Services O venile Assessment S patient - Groups; Juv | outpatient - Individual; Services Substance enile Non-Residential |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpatient | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental H py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster (| ting Disorder, Outpa t Therapy-Youth Who | tient Therapy - Co- o Sexually Harm; |
| Other Services: | | | | |

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| Name | Agency | Addr | ess | Phone | Fax |
| Milander-Mace, Amanda | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norf | olk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychos | ocial); Outpatient Therapy | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; N including Family Sessions-Mental Health; Outpat | | | | Outpatient Therapy |
| Other Services: | | | | | |
| Millard, Laurie | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norf | olk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | | |
| | Supervised Visitation; Non-Treatment: Day Repo Education Class; Outpatient Therapy - Individual Family Sessions-Mental Health; Outpatient Thera Health; Intensive Outpatient: Intensive Outpatient | -Mental Health; Outpatient Therapy i apy - Eating Disorder; Community Tre | ncluding Group Sessions-Menta eatment Aide; Intensive Outpatie | I Health; Outpatient T ent: Intensive Outpati | Therapy including ent Therapy-Mental |
| Other Services: | Treatment Assessment (Medicaid); Assessment: Bilingual Services: | | | | |
| Other Services: Neuhalfen, Kristen | Treatment Assessment (Medicaid); Assessment: Bilingual Services; The Link, Inc. | | cted Services: Tracker; Contract | | |
| Neuhalfen, Kristen | Bilingual Services; The Link, Inc. Adult Non-Residential Services Intervention/Edu Adult Non-Residential Services Outpatient - Indiv | Mental Status Exam (MSE); Contrac 1001 W Norfolk Ave. Norfolk N cation; Adult Non-Residential Service | vB 68701 | ed Services: Electron (402)371-7213 n-Residential Service | ic Monitoring |
| Neuhalfen, Kristen Substance Abuse Services: | Bilingual Services; The Link, Inc. Adult Non-Residential Services Intervention/Edu | Mental Status Exam (MSE); Contrac 1001 W Norfolk Ave. Norfolk N cation; Adult Non-Residential Service vidual; Adult Non-Residential Service | vB 68701 | ed Services: Electron (402)371-7213 n-Residential Service | ic Monitoring |
| Neuhalfen, Kristen Substance Abuse Services: | Bilingual Services; The Link, Inc. Adult Non-Residential Services Intervention/Edu Adult Non-Residential Services Outpatient - Indiv Halfway-House Pre-Treatment Assessment (bio-psychosocial); C | Mental Status Exam (MSE); Contrac 1001 W Norfolk Ave. Norfolk N cation; Adult Non-Residential Service vidual; Adult Non-Residential Service | vB 68701 | ed Services: Electron (402)371-7213 n-Residential Service | ic Monitoring |
| Neuhalfen, Kristen Substance Abuse Services: Mental Health Services: Juvenile Services: | Bilingual Services; The Link, Inc. Adult Non-Residential Services Intervention/Edu Adult Non-Residential Services Outpatient - Indiv Halfway-House Pre-Treatment Assessment (bio-psychosocial); C | Mental Status Exam (MSE); Contrac 1001 W Norfolk Ave. Norfolk N cation; Adult Non-Residential Service vidual; Adult Non-Residential Service | cted Services: Tracker; Contracte NB 68701 es Outpatient - Groups; Adult No s Outpatient - Co-Occurring Trea | ed Services: Electron (402)371-7213 n-Residential Service | ic Monitoring |
| Neuhalfen, Kristen Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Peters, Martinique | Bilingual Services; The Link, Inc. Adult Non-Residential Services Intervention/Edu Adult Non-Residential Services Outpatient - Indiv Halfway-House Pre-Treatment Assessment (bio-psychosocial); C Heartland Counseling Services, Inc. Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie | Mental Status Exam (MSE); Contract 1001 W Norfolk Ave. Norfolk N cation; Adult Non-Residential Service vidual; Adult Non-Residential Service Co-Occurring; Outpatient Therapy 917 W 21st St PO Box 355 S valuations; Adult Non-Residential Service | NB 68701 NB 68701 as Outpatient - Groups; Adult No s Outpatient - Co-Occurring Trea South Sioux City NB 69887 | (402)371-7213 n-Residential Service atment; Adult Reside (402)494-3337 | ic Monitoring es Outpatient - Famil ntial Services (402)494-3356 Services Outpatient - |
| Neuhalfen, Kristen Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Peters, Martinique Substance Abuse Services: | Bilingual Services; The Link, Inc. Adult Non-Residential Services Intervention/Edu Adult Non-Residential Services Outpatient - Indiv Halfway-House Pre-Treatment Assessment (bio-psychosocial); C Heartland Counseling Services, Inc. Adult Assessment Services Substance Abuse Ex | Mental Status Exam (MSE); Contract 1001 W Norfolk Ave. Norfolk N cation; Adult Non-Residential Service vidual; Adult Non-Residential Service Co-Occurring; Outpatient Therapy 917 W 21st St PO Box 355 S valuations; Adult Non-Residential Service transport - Family; Adult Non-Residential Service | NB 68701 NB 68701 as Outpatient - Groups; Adult No s Outpatient - Co-Occurring Trea South Sioux City NB 69887 | (402)371-7213 n-Residential Service atment; Adult Reside (402)494-3337 | ic Monitoring es Outpatient - Family ntial Services (402)494-3356 Services Outpatient - |

| Name | Agency | Address | Phone | Fax |
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| Polk, Kelley | Premier Counseling Services PLLC | 2004 S Saint Aubin St Suite 101 Sioux City IA 51106 | (712)870-1445 | (712)248-8866 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual: Adult Non-Residential Services Outpar | aluations; Adult Non-Residential Services Outpatient - Family; Adul tient - Co-Occurring Treatment | t Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | 0 | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; As | ssessment: Pre-Treatment Assessment (Medicaid); Assessment: M | ental Status Exam (M | SE) |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); P | sychological Evaluation; Outpatient Therapy; Mental Health Intensi | ve Management | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpat nent Assessment (Medicaid); Assessment: Mental Status Exam (MS Assessment | | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Education; A int - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Serv ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N idividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | Adult Non-Residentia vices Substance Abus Ion-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpati g; Assessment: Pre-Treatment Assessment (Medicaid) | ent Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juveni | aluations; Adult Non-Residential Services Outpatient - Groups; Adu ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual | e Abuse Evaluations; | Juvenile Non- |
| | | o-Occurring; Adults who Sexually Harm Evaluation; Psychological | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpati Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpa t Assessment (Medicaid); Assessment: Mental Status Exam (MSE) Assessment; Assessment: Co-Occurring | tient: Intensive Outpat | ient Therapy-Youth |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Wagner, Alicia | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Educati ent - Family; Adult Non-Residential Services Outpatient - Indivio Services Intensive Outpatient Treatment; Juvenile Assessment n; Juvenile Non-Residential Services Outpatient - Groups; Juven ndividual; Juvenile Non-Residential Services Outpatient - Co-O Co-Occurring; Outpatient Therapy | dual; Adult Non-Residential Se Services Substance Abuse E nile Non-Residential Services | ervices Outpatient - valuations; Juvenil Outpatient - Family |
| | Mental Health; Outpatient Therapy - Co-occurrin (Medicaid); Assessment: Co-Occurring | Outpatient Therapy including Group Sessions-Mental Health; Ou g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occur | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Connor, Shawnda | Christine Karell PC LLO | 815 Flack Ave Alliance NB 69301 | (308)762-2723 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/Ed Outpatient - Groups; Juvenile Non-Residential Services | aluations; Adult Non-Residential Services Intervention/Education; Adu es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se ducation; Juvenile Non-Residential Services Care Monitoring SA/MH; ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient uvenile Non-Residential Services Intensive Outpatient Treatment | amily; Adult Non-Re ervices Intensive Ou Juvenile Non-Resid | esidential Services tpatient Treatment; dential Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier ;; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I g | | |
| Other Services: | Sliding Fee Scale; | - | | |
| Connor, Shawnda | Healing Hope Counseling LLC | 815 Flack Ave Alliance NB 69301 | (308)225-6572 | (308)217-4277 |
| | | ly; Adult Non-Residential Services Outpatient - Individual; Adult Non- ervices Outpatient - Family; Juvenile Non-Residential Services Outpa | | |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occ | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Crouch, Samuel | Valley Youth Connections | 29 S Beltline HWY W Scottsbluff NB 69361 | (308)225-0500 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | utpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl ental Health; Intensive Outpatient: Intensive Outpatient Therapy-Ment | | |
| Other Services: | Sliding Fee Scale; | | | |
| Harding, Maryah | Inspirit Counseling | 709 W 4th St Suite 2 Chadron NB 69337 | (308)430-1944 | (775)667-6079 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | utpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental I py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ating Disorder; Outpa It Therapy-Youth Wh | atient Therapy - Co- no Sexually Harm; |
| Other Services: | | | | |
| Obermeyer, Ashley | Pathways to Wellness LLC | 32518 W Pioneer School Rd Merriman NB 69218 | (605)646-3786 | (605)646-4828 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual | Non-Residential Se | rvices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Outpatient Therapy | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-Me | atient Therapy - Individual-Mental Health; Outpatient Therapy includir ental Health | ng Group Sessions- | Mental Health; |
| Other Services: | Sliding Fee Scale; | | | |
| Price, Amanda | Inspirit Counseling | 709 W 4th St Suite 2 Chadron NB 69337 | (308)430-1944 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Putpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Assessment: Pre-Treatment Asse | utpatient Therapy including Group Sessions-Mental Health; Outpatier ssment (Medicaid) | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Raney, Sandra | Open Door | 1870 9th St Gering NB 69341 | (308)225-4335 | (308)633-2020 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individual; Adu ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser reatment | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- | -psychosocial); Co-C | Occurring; Outpatient |
| Juvenile Services: | Non-Treatment: Family Support Worker; Non-Tre Evening Reporting; Non-Treatment: Anger Manager | atment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatm gement Class; Non-Treatment: General Education Class; Outpatient ental Health; Outpatient Therapy including Family Sessions-Mental | | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Health; Outpatient Therapy - Co-occurring; Inter (Medicaid); Assessment: Mental Status Exam (N Sliding Fee Scale; | nsive Outpatient: Intensive Outpatient Therapy-Mental Heal MSE); Assessment: Co-Occurring | th; Assessment: Pre-Treatment | Assessment |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Educatior | valuations; Adult Non-Residential Services Intervention/Edu ent - Family; Adult Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile Assessr n; Juvenile Non-Residential Services Outpatient - Groups; J Individual; Juvenile Non-Residential Services Outpatient - C | dividual; Adult Non-Residential nent Services Substance Abus luvenile Non-Residential Servic | Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Outpatient Therapy | | |
| Juvenile Services: | | Dutpatient Therapy including Group Sessions-Mental Health ng; Assessment: Pre-Treatment Assessment (Medicaid) | n; Outpatient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juver | valuations; Adult Non-Residential Services Outpatient - Gro sive Outpatient Treatment; Juvenile Assessment Services S ile Non-Residential Services Outpatient - Individual | Substance Abuse Evaluations; | Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring; Adults who Sexually Harm Evaluation; Psych | nological Evaluation; Outpatient | Therapy |
| luverile Convises | Outpotiont Thereasy, Individual Mantal Llaster (| | | 1 7 |
| | Mental Health; Outpatient Therapy - Youth Who Who Sexually Harm; Assessment: Pre-Treatmen Assessment: Juvenile Who Sexually Harm Risk | Dutpatient Therapy including Group Sessions-Mental Health Sexually Harm; Outpatient Therapy - Co-occurring; Intensi nt Assessment (Medicaid); Assessment: Mental Status Exa Assessment; Assessment: Co-Occurring | ve Outpatient: Intensive Outpat | Family Sessions- ient Therapy-Youth |
| | Mental Health; Outpatient Therapy - Youth Who Who Sexually Harm; Assessment: Pre-Treatment | Sexually Harm; Outpatient Therapy - Co-occurring; Intensi nt Assessment (Medicaid); Assessment: Mental Status Exa | ve Outpatient: Intensive Outpat | Family Sessions- ient Therapy-Youth |
| | Mental Health; Outpatient Therapy - Youth Who Who Sexually Harm; Assessment: Pre-Treatmen Assessment: Juvenile Who Sexually Harm Risk | Sexually Harm; Outpatient Therapy - Co-occurring; Intensi nt Assessment (Medicaid); Assessment: Mental Status Exa | ve Outpatient: Intensive Outpat | Family Sessions- ient Therapy-Youth |
| Other Services: Taylor, Jennifer | Mental Health; Outpatient Therapy - Youth Who Who Sexually Harm; Assessment: Pre-Treatmen Assessment: Juvenile Who Sexually Harm Risk Sliding Fee Scale; Inspirit Counseling Adult Assessment Services Substance Abuse E | Sexually Harm; Outpatient Therapy - Co-occurring; Intensi nt Assessment (Medicaid); Assessment: Mental Status Exa Assessment; Assessment: Co-Occurring 709 W 4th St Suite 2 Chadron NB 69337 valuations; Adult Non-Residential Services Outpatient - Gro | ve Outpatient: Intensive Outpat m (MSE); Assessment: Psycho (308)430-1944 pups; Adult Non-Residential Se | Family Sessions- ient Therapy-Youth logical Evaluation; (775)667-6079 |
| Other Services: Taylor, Jennifer Substance Abuse Services: | Mental Health; Outpatient Therapy - Youth Who Who Sexually Harm; Assessment: Pre-Treatmen Assessment: Juvenile Who Sexually Harm Risk Sliding Fee Scale; Inspirit Counseling Adult Assessment Services Substance Abuse E | Sexually Harm; Outpatient Therapy - Co-occurring; Intensi nt Assessment (Medicaid); Assessment: Mental Status Exa Assessment; Assessment: Co-Occurring 709 W 4th St Suite 2 Chadron NB 69337 valuations; Adult Non-Residential Services Outpatient - Gro ent - Individual; Adult Non-Residential Services Outpatient - | ve Outpatient: Intensive Outpat m (MSE); Assessment: Psycho (308)430-1944 pups; Adult Non-Residential Se | Family Sessions- ient Therapy-Youth logical Evaluation; (775)667-6079 |
| Other Services: Taylor, Jennifer Substance Abuse Services: | Mental Health; Outpatient Therapy - Youth Who Who Sexually Harm; Assessment: Pre-Treatmen Assessment: Juvenile Who Sexually Harm Risk Sliding Fee Scale; Inspirit Counseling Adult Assessment Services Substance Abuse E Family; Adult Non-Residential Services Outpatie Pre-Treatment Assessment (bio-psychosocial); | Sexually Harm; Outpatient Therapy - Co-occurring; Intensi nt Assessment (Medicaid); Assessment: Mental Status Exa Assessment; Assessment: Co-Occurring 709 W 4th St Suite 2 Chadron NB 69337 valuations; Adult Non-Residential Services Outpatient - Gro ent - Individual; Adult Non-Residential Services Outpatient - | ve Outpatient: Intensive Outpat m (MSE); Assessment: Psycho (308)430-1944 pups; Adult Non-Residential Se | Family Sessions- ient Therapy-Youth logical Evaluation; (775)667-6079 |

| 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; nt - Individual; Adult Non-Residential Services Outpatient - Co-Oc e Non-Residential Services Intervention/Education; Juvenile Non-F ndividual; Juvenile Non-Residential Services Outpatient - Co-Occu | curring Treatment; Juve Residential Services Out | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outp nent Assessment (Medicaid); Assessment: Mental Status Exam (N | | Disorder; Outpatient |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | - , | |
| Bear, Angela | Beacon of Hope Counseling Center LLC | 308 W 4th St North Platte NB 69101 | (308)532-0777 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpa g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal | | |
| | | g, menore oupation: menore oupation merupy mental real | | alment Assessment |
| Other Services: | (Medicaid) Sliding Fee Scale; | | | ament Assessment |
| Other Services: Bomberger, Molly | (Medicaid) | 5404 Ave I Kearney NB 68847 | (308)293-0954 | (308)233-5216 |
| Bomberger, Molly | (Medicaid) Sliding Fee Scale; | | (308)293-0954 | |
| Bomberger, Molly Substance Abuse Services: | (Medicaid) Sliding Fee Scale; Adult Assessment Services Substance Abuse Ex | 5404 Ave I Kearney NB 68847 | (308)293-0954 | |
| Bomberger, Molly Substance Abuse Services: | (Medicaid) Sliding Fee Scale; Adult Assessment Services Substance Abuse Ex Pre-Treatment Assessment (bio-psychosocial); C | 5404 Ave I Kearney NB 68847 valuations; Juvenile Assessment Services Substance Abuse Evalu | (308)293-0954 | |
| Bomberger, Molly Substance Abuse Services: Mental Health Services: | (Medicaid) Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Pre-Treatment Assessment (bio-psychosocial); C | 5404 Ave I Kearney NB 68847 valuations; Juvenile Assessment Services Substance Abuse Evalu | (308)293-0954 | |
| Bomberger, Molly Substance Abuse Services: Mental Health Services: Juvenile Services: | (Medicaid) Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Pre-Treatment Assessment (bio-psychosocial); C | 5404 Ave I Kearney NB 68847 valuations; Juvenile Assessment Services Substance Abuse Evalu | (308)293-0954 | |
| Bomberger, Molly Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Brandyberry, Kyle Substance Abuse Services: | (Medicaid) Sliding Fee Scale; Adult Assessment Services Substance Abuse Ex Pre-Treatment Assessment (bio-psychosocial); C Heartland Counseling Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | 5404 Ave I Kearney NB 68847 valuations; Juvenile Assessment Services Substance Abuse Evalu Co-Occurring; Adults who Sexually Harm Evaluation 110 N Bailey PO Box 1209 North Platte NB 69101 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 | (308)293-0954 Jations (308)534-6029 ; Adult Non-Residential I; Adult Non-Residential Prvices Substance Abuse Non-Residential Servic | (308)233-5216 (308)534-6961 Services Outpatient - Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Bomberger, Molly Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Brandyberry, Kyle Substance Abuse Services: Mental Health Services: | (Medicaid) Sliding Fee Scale; Adult Assessment Services Substance Abuse Ex Pre-Treatment Assessment (bio-psychosocial); C Heartland Counseling Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Outpatient Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - Ir Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C | 5404 Ave I Kearney NB 68847 valuations; Juvenile Assessment Services Substance Abuse Evalu Co-Occurring; Adults who Sexually Harm Evaluation 110 N Bailey PO Box 1209 North Platte NB 69101 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 Co-Occurring; Outpatient Therapy | (308)293-0954 Jations (308)534-6029 (308)555556 (308)55556 (308)555556 (308)555556 (30 | (308)233-5216 (308)534-6961 Services Outpatient - Services Outpatient e Evaluations; Juveni es Outpatient - Famil le Non-Residential |
| Bomberger, Molly Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Brandyberry, Kyle Substance Abuse Services: Mental Health Services: | (Medicaid) Sliding Fee Scale; Adult Assessment Services Substance Abuse Ex Pre-Treatment Assessment (bio-psychosocial); C Heartland Counseling Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Outpatient Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - Ir Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O | 5404 Ave I Kearney NB 68847 valuations; Juvenile Assessment Services Substance Abuse Evalu Co-Occurring; Adults who Sexually Harm Evaluation 110 N Bailey PO Box 1209 North Platte NB 69101 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 Co-Occurring; Outpatient Therapy Putpatient Therapy including Group Sessions-Mental Health; Outpa g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring | (308)293-0954 Jations (308)534-6029 (308)554-6029 (308)555556 (308)5555556 (308)55555555555555555555 | (308)233-5216 (308)534-6961 Services Outpatient - Services Outpatient e Evaluations; Juveni es Outpatient - Famil le Non-Residential Family Sessions- |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|----------------------|
| Carlson, Scott | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)658-3737 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Daily, Sherry | | 2100 4th Ave Kearney NB 68845 | (308)830-3618 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ng Treatment; Juve dential Services Out | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatien | nt Therapy - Co-occ | urring; Assessment: |
| Other Services: | | | | |
| Dillard, Jason | Plum Creek Medical Group PC | 1103 Buffalo Bend Lexington NB 68850 | (308)324-6386 | (308)324-4026 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Outpatient - Family; 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: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| 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 | valuations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Intervention/Education; Juvenile Non-Resi ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ng Treatment; Juve dential Services Out | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Adults who Sexually Harm Evaluation; Outpatient Thera | ру | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Assessment: | utpatient Therapy including Family Sessions-Mental Health; Outpatier Pre-Treatment Assessment (Medicaid); Assessment: Mental Status E | | |
| | Sexually Harm Risk Assessment; Assessment: C | Co-Occurring | | |

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

| Name | Agency | Address | Phone | Fax |
|---|--|--|--|---|
| Florez, Thomas | Thomas B Florez | 403 Lexington Circle Grand Island NB 68803 | (308)370-1667 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adu tient - Co-Occurring Treatment; Juvenile Assessment Services Sub e Non-Residential Services Outpatient - Individual; Juvenile Non-R | ostance Abuse Evaluati | ons; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Adults who Sexually Harm Evaluation; Outpatient The | erapy | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatent: Co-Occurring | tient Therapy - Co-occu | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Adults who Sexually Harm Evaluation; Outpatient The | erapy | |
| Juvenile Services: | | atient Therapy - Individual-Mental Health; Outpatient Therapy inclu ental Health; Outpatient Therapy - Eating Disorder; Day Treatment | | |
| Other Services: | Sliding Fee Scale; | | | |
| | | | | |
| Harvey, Deborah | Harvey Counseling | 101 W 8th St Suite A Lexington NB 68550 | (308)324-7017 | (866)578-3559 |
| Harvey, Deborah Substance Abuse Services: | Harvey Counseling | 101 W 8th St Suite A Lexington NB 68550 | (308)324-7017 | (866)578-3559 |
| Substance Abuse Services: | Harvey Counseling Pre-Treatment Assessment (bio-psychosocial); O | | (308)324-7017 | (866)578-3559 |
| Substance Abuse Services: Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | utpatient Therapy utpatient Therapy including Family Sessions-Mental Health; Assess | | . , |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); O Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy utpatient Therapy including Family Sessions-Mental Health; Assess | | . , |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); O Outpatient Therapy - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (Medicaid) | utpatient Therapy utpatient Therapy including Family Sessions-Mental Health; Assess | | . , |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Johnson (Aswegan), Betty | Pre-Treatment Assessment (bio-psychosocial); O Outpatient Therapy - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (Ma Sliding Fee Scale; Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser | utpatient Therapy utpatient Therapy including Family Sessions-Mental Health; Assess SE) 2210 30th Ave. Kearney NB 68845 aluations; Adult Non-Residential Services Intervention/Education; Att - Family; Adult Non-Residential Services Outpatient - Individual; vices Intervention/Education; Juvenile Non-Residential Services O | sment: Pre-Treatment / (308)440-8054 Adult Non-Residential \$ Juvenile Assessment \$ | Assessment (308)234-6604 Services Outpatient - Services Substance |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Johnson (Aswegan), Betty Substance Abuse Services: | Pre-Treatment Assessment (bio-psychosocial); O Outpatient Therapy - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (Ma Sliding Fee Scale; Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie | utpatient Therapy utpatient Therapy including Family Sessions-Mental Health; Assess SE) 2210 30th Ave. Kearney NB 68845 aluations; Adult Non-Residential Services Intervention/Education; Att - Family; Adult Non-Residential Services Outpatient - Individual; vices Intervention/Education; Juvenile Non-Residential Services O lential Services Outpatient - Individual | sment: Pre-Treatment / (308)440-8054 Adult Non-Residential \$ Juvenile Assessment \$ | Assessment (308)234-6604 Services Outpatient - Services Substance |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Johnson (Aswegan), Betty Substance Abuse Services: Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O Outpatient Therapy - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (Ma Sliding Fee Scale; Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Family; Juvenile Non-Resid Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy utpatient Therapy including Family Sessions-Mental Health; Assess SE) 2210 30th Ave. Kearney NB 68845 aluations; Adult Non-Residential Services Intervention/Education; Att - Family; Adult Non-Residential Services Outpatient - Individual; vices Intervention/Education; Juvenile Non-Residential Services O lential Services Outpatient - Individual | sment: Pre-Treatment / (308)440-8054 Adult Non-Residential S Juvenile Assessment 3 utpatient - Groups; Juv | Assessment (308)234-6604 Services Outpatient - Services Substance renile Non-Residentia Disorder; Outpatient |

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| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|--|
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: 0 | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kloch, Susan | Kloch Counseling, LLC | 101 W 8th St Suite A Lexington NB 68850 | (308)324-7017 | (866)578-3559 |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Co-C | ps; Adult Non-Residential Services Outpatient - Family; Adult Non-R occurring Treatment; Juvenile Non-Residential Services Outpatient - rvices Outpatient - Individual; Juvenile Non-Residential Services Out | Groups; Juvenile No | n-Residential Service |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio | -psychosocial); Outp | atient Therapy |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatie ent: Mental Status Exam (MSE) | nt Therapy - Co-occi | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| | Adults who Sexually Harm Evaluation; Outpatient | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; Ir | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental H rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme ment: Juvenile Who Sexually Harm Risk Assessment | ealth; Outpatient The | erapy - Youth Who ent: Intensive |
| Other Services: | | | | |
| Maxson, Thomas | Insight Counseling and Recovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)237-0391 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential vices Intervention/Ec Residential Services (| Services Outpatient - lucation; Juvenile Outpatient - Individual |
| | | o-Occurring; Adults who Sexually Harm Evaluation; Psychological E | • | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Co-occurring; Assessment: Pre- sment: Psychological Evaluation; Assessment: Juvenile Who Sexuall | -Treatment Assessm | ent (Medicaid); |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|--|---|---|--|--|
| 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; A es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Evaluations; Juvenile Non-Residential Services Intervention/Educa al Services Outpatient - Groups; Juvenile Non-Residential Services nile Non-Residential Services Outpatient - Co-Occurring Treatment | - Family; Adult Non-Re Services Intensive Ou ation; Juvenile Non-Re Outpatient - Family; J | esidential Services tpatient Treatment; sidential Services uvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpati der; Assessment: Pre-Treatment Assessment (Medicaid) | ent Therapy including | Family Sessions- |
| Price-Wells, Cherisa | ResCare Workforce Services | 3720 N 27th St Ste 6 Lincoln NB 68521 | (402)458-4925 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| | | | | |
| Other Services: | | | | |
| Other Services: Rivera, Elia | | 312 North Elm Street Suite 105 Grand Island NB 68801 | (308)383-2208 | |
| Rivera, Elia Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | raluations; Adult Non-Residential Services Intervention/Education; A int - Family; Adult Non-Residential Services Outpatient - Individual; ervices Substance Abuse Evaluations; Juvenile Non-Residential Se uvenile Non-Residential Services Outpatient - Family; Juvenile Non- o-Occurring Treatment | Adult Non-Residential Adult Non-Residential ervices Intervention/Ec | Services Outpatient - lucation; Juvenile |
| Rivera, Elia Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Pre-Treatment Assessment (bio-psychosocial); C | raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; ervices Substance Abuse Evaluations; Juvenile Non-Residential Se uvenile Non-Residential Services Outpatient - Family; Juvenile Non- o-Occurring Treatment co-Occurring | Adult Non-Residential Adult Non-Residential ervices Intervention/Ec -Residential Services | Services Outpatient lucation; Juvenile Outpatient - Individual |
| Rivera, Elia Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Pre-Treatment Assessment (bio-psychosocial); C | raluations; Adult Non-Residential Services Intervention/Education; A int - Family; Adult Non-Residential Services Outpatient - Individual; ervices Substance Abuse Evaluations; Juvenile Non-Residential Se uvenile Non-Residential Services Outpatient - Family; Juvenile Non- o-Occurring Treatment | Adult Non-Residential Adult Non-Residential ervices Intervention/Ec -Residential Services | Services Outpatient lucation; Juvenile Outpatient - Individual |
| Rivera, Elia Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: Anger Management Class; Outp | raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; ervices Substance Abuse Evaluations; Juvenile Non-Residential Se uvenile Non-Residential Services Outpatient - Family; Juvenile Non- o-Occurring Treatment co-Occurring | Adult Non-Residential Adult Non-Residential ervices Intervention/Ec -Residential Services | Services Outpatient lucation; Juvenile Outpatient - Individual |
| Rivera, Elia Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: Anger Management Class; Outp Outpatient Therapy - Co-occurring | raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; ervices Substance Abuse Evaluations; Juvenile Non-Residential Se uvenile Non-Residential Services Outpatient - Family; Juvenile Non- o-Occurring Treatment co-Occurring | Adult Non-Residential Adult Non-Residential ervices Intervention/Ec -Residential Services | Services Outpatient lucation; Juvenile Outpatient - Individua |
| Rivera, Elia Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: Anger Management Class; Outp Outpatient Therapy - Co-occurring Sliding Fee Scale; Bilingual Services; Goodwill Industries of Greater Nebraska | raluations; Adult Non-Residential Services Intervention/Education; A int - Family; Adult Non-Residential Services Outpatient - Individual; ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non- o-Occurring Treatment co-Occurring atient Therapy - Individual-Mental Health; Outpatient Therapy include | Adult Non-Residential Adult Non-Residential ervices Intervention/Ec -Residential Services of ding Group Sessions-N | Services Outpatient lucation; Juvenile Outpatient - Individual Mental Health; |
| Rivera, Elia Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Rodriguez-Divis, Marie | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: Anger Management Class; Outp Outpatient Therapy - Co-occurring Sliding Fee Scale; Bilingual Services; Goodwill Industries of Greater Nebraska | raluations; Adult Non-Residential Services Intervention/Education; A int - Family; Adult Non-Residential Services Outpatient - Individual; ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non- o-Occurring Treatment co-Occurring atient Therapy - Individual-Mental Health; Outpatient Therapy include | Adult Non-Residential Adult Non-Residential ervices Intervention/Ec -Residential Services of ding Group Sessions-N | Services Outpatient lucation; Juvenile Outpatient - Individua Mental Health; |
| Rivera, Elia Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Rodriguez-Divis, Marie Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: Anger Management Class; Outp Outpatient Therapy - Co-occurring Sliding Fee Scale; Bilingual Services; Goodwill Industries of Greater Nebraska Outpatient Therapy | raluations; Adult Non-Residential Services Intervention/Education; A int - Family; Adult Non-Residential Services Outpatient - Individual; ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non- o-Occurring Treatment co-Occurring atient Therapy - Individual-Mental Health; Outpatient Therapy include | Adult Non-Residential Adult Non-Residential ervices Intervention/Ec -Residential Services of ding Group Sessions-N | Services Outpatient lucation; Juvenile Outpatient - Individua Mental Health; |

| Name | Agency | Address | Phone | Fax |
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| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Ser Juvenile Non-Residential Services Outpatient - Groups; Juvenile N dividual; Juvenile Non-Residential Services Outpatient - Co-Occur | Adult Non-Residential vices Substance Abus Non-Residential Service | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpat g; Assessment: Pre-Treatment Assessment (Medicaid) | ient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intensi | aluations; Adult Non-Residential Services Outpatient - Groups; Aduite Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Adults who Sexually Harm Evaluation; Psychological | Evaluation; Outpatient | t Therapy |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpat Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpa t Assessment (Medicaid); Assessment: Mental Status Exam (MSE) Assessment: Assessment: Co-Occurring | tient: Intensive Outpat | ient Therapy-Youth |
| Other Services: | Sliding Fee Scale; | 5 | | |
| Stuehm, Nadine | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)865-8738 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Care Monitoring SA/MH Family; Juvenile Non-Residential Services Outpa | aluations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individual; ervices Substance Abuse Evaluations; Juvenile Non-Residential S I; Juvenile Non-Residential Services Outpatient - Groups; Juvenile tient - Individual Freatment Assessment (bio-psychosocial); Co-Occurring; Outpatiel | Adult Non-Residential ervices Intervention/Ec Non-Residential Serv | Services Outpatient - ducation; Juvenile |
| | | utpatient Therapy including Family Sessions-Mental Health | | |
| 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 | aluations; Juvenile Assessment Services Substance Abuse Evalua | tions | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Adults who Sexually Harm Evaluation; Outpatient The | erapy | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica Assessment: Co-Occurring | aid); Assessment: Mental Status Exam (MSE); Assessment: Juven | ile Who Sexually Harm | n Risk Assessment; |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Wragge, Shelly | Always Hope Counseling LLC | 1811 W. 2nd Street, Suite 450 Grand Island NB 68803 | (308)384-4405 | (308)339-0962 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; rervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non- ro-Occurring Treatment | Adult Non-Residentia ervices Intervention/Ed | I Services Outpatient - ducation; Juvenile |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpati | ent Therapy including | Family Sessions- |
| Other Services: | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| Young, Sandra | Inner Reflections Counseling Center | 101 S. Chestnut, Suite 2 North Platte NB 69101 | (308)221-6902 | (308)221-6904 |
| | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu e Assessment Services Substance Abuse Evaluations; Juvenile No amily; Juvenile Non-Residential Services Outpatient - Individual; Ju Co-Occurring: Outpatient Therapy | rring Treatment; Adul n-Residential Service | t Non-Residential s Outpatient - Groups; |
| | | utpatient Therapy including Family Sessions-Mental Health; Assess | ment [.] Pre-Treatment | Assessment |
| Suverille Services. | (Medicaid) | upatient merapy including ramity Sessions-Meritar reality, Assess | inent. Fie-fiedunent | Assessment |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Crouch, Samuel | Valley Youth Connections | 29 S Beltline HWY W Scottsbluff NB 69361 | (308)225-0500 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Dutpatient Therapy | | |
| | Outpatient Therapy including Family Sessions-M Assessment (Medicaid) | Dutpatient Therapy - Individual-Mental Health; Outpatient Thera lental Health; Intensive Outpatient: Intensive Outpatient Therap | | |
| Other Services. | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| | Out-Of-Home: Foster Care (Agency Supported); Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpat | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mapy including Family Sessions-Mental Health; Outpatient Thera ient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient; Mental Status Exam (MSE); Out-Of-Home: Paid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Paid); Assessment; Mental Status Exam (MSE); Out-Of-Home: Paid); Assessment; Mental Status Exam (MSE); Out-Of-Home; Paid); Assessment; | py - Eating Disorder; Outpa Itpatient Therapy-Youth Wh | atient Therapy - Co- o Sexually Harm; |
| | Out-Of-Home: Foster Care (Agency Supported); Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpat Assessment: Pre-Treatment Assessment (Medic | apy including Family Sessions-Mental Health; Outpatient Thera ient Therapy-Mental Health; Intensive Outpatient: Intensive Ou | py - Eating Disorder; Outpa Itpatient Therapy-Youth Wh | atient Therapy - Co- o Sexually Harm; |
| Juvenile Services: | Out-Of-Home: Foster Care (Agency Supported); Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpat Assessment: Pre-Treatment Assessment (Medic | apy including Family Sessions-Mental Health; Outpatient Thera ient Therapy-Mental Health; Intensive Outpatient: Intensive Ou | py - Eating Disorder; Outpa Itpatient Therapy-Youth Wh | atient Therapy - Co- o Sexually Harm; |
| Juvenile Services: Other Services: Raney, Sandra | Out-Of-Home: Foster Care (Agency Supported); Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpat Assessment: Pre-Treatment Assessment (Medic Open Door Adult Assessment Services Substance Abuse Ex Co-Occurring Treatment; Juvenile Assessment S | apy including Family Sessions-Mental Health; Outpatient Thera ient Therapy-Mental Health; Intensive Outpatient: Intensive Ou aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: I 1870 9th St Gering NB 69341 valuations; Adult Non-Residential Services Outpatient - Individu Services Substance Abuse Evaluations; Juvenile Non-Resident | py - Eating Disorder; Outpa tipatient Therapy-Youth Wh Foster Care (Relative/Kinsh (308)225-4335 ual; Adult Non-Residential S | atient Therapy - Co- o Sexually Harm; iip) (308)633-2020 Services Outpatient |
| Juvenile Services: Other Services: Raney, Sandra Substance Abuse Services: | Out-Of-Home: Foster Care (Agency Supported); Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpat Assessment: Pre-Treatment Assessment (Medic Open Door Adult Assessment Services Substance Abuse Ex Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T | apy including Family Sessions-Mental Health; Outpatient Thera ient Therapy-Mental Health; Intensive Outpatient: Intensive Ou aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: I 1870 9th St Gering NB 69341 valuations; Adult Non-Residential Services Outpatient - Individu Services Substance Abuse Evaluations; Juvenile Non-Resident | py - Eating Disorder; Outpa tipatient Therapy-Youth Wh Foster Care (Relative/Kinsh (308)225-4335 ual; Adult Non-Residential S tial Services Outpatient - Inc | atient Therapy - Co- o Sexually Harm; hip) (308)633-2020 Gervices Outpatient dividual; Juvenile N |
| Juvenile Services: Other Services: Raney, Sandra Substance Abuse Services: Mental Health Services: | Out-Of-Home: Foster Care (Agency Supported); Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpat Assessment: Pre-Treatment Assessment (Medic Open Door Adult Assessment Services Substance Abuse Ex Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T Juvenile Pre-Treatment Assessment (PTA); Juve Therapy Non-Treatment: Family Support Worker; Non-Tre Evening Reporting; Non-Treatment: Anger Mana Outpatient Therapy including Group Sessions-M | apy including Family Sessions-Mental Health; Outpatient Thera ient Therapy-Mental Health; Intensive Outpatient: Intensive Out aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: I 1870 9th St Gering NB 69341 valuations; Adult Non-Residential Services Outpatient - Individu Services Substance Abuse Evaluations; Juvenile Non-Resident Freatment | apy - Eating Disorder; Outpa tipatient Therapy-Youth Wh Foster Care (Relative/Kinsh (308)225-4335 Jal; Adult Non-Residential S Jal; Adult Non-Residenti | atient Therapy - Co o Sexually Harm; hip) (308)633-2020 Services Outpatient dividual; Juvenile N Occurring; Outpatien Non-Treatment: Mental Health; erapy - Co-occurrin |

| Name | Agency | Address | Phone | Fax |
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| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin Dutpatient Therapy | dult Non-Residential S ces Substance Abuse E n-Residential Services | ervices Outpatient - Evaluations; Juvenile Outpatient - Family |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including Fa | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Adult Residential Service | ; Adult Non-Residential | Services Outpatient |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Barritt, Samantha | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| | Adult Non-Residential Services Care Monitoring Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Adult F Assessment Services Substance Abuse Evaluati Monitoring SA/MH; Juvenile Non-Residential Ser Services Outpatient - Individual; Juvenile Non-Re Outpatient Treatment | ssessment Services Substance Abuse Evaluations; Adult Non-Res SA/MH; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ Residential Services Dual Residential (MH/SA); Adult Residential S ons; Juvenile Non-Residential Services Intervention/Education; Juve vices Outpatient - Groups; Juvenile Non-Residential Services Out esidential Services Outpatient - Co-Occurring Treatment; Juvenile | t Non-Residential Servic curring Treatment; Adult ervices Short Term Res venile Non-Residential 3 patient - Family; Juvenil | es Outpatient - Non-Residential idential; Juvenile Services Care e Non-Residential |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M | atient Therapy - Individual-Mental Health; Outpatient Therapy incluental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Eating Disorder; Outpatient Therapy-Co-occurring; Associations of the construction of | erapy - Co-occurring; Int | ensive Outpatient: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Brostad, Greg | Resolution Treatment Services | 505 5th Street Suite #225 Sioux city IA 51101 | (515)493-4787 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpa by-Youth Who Sexually Harm; Assessment: Pre-Treatment Assess | | |
| Other Services: | LAIN (IVIGE), Assessment. Juvenile VVIIO Sexual | | | |
| Brown, Nicholas | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servic | valuations; Adult Non-Residential Services Intervention/Education; es Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Residentia | - Family; Adult Non-Re | sidential Services |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Cochran, Virginia | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri e Assessment Services Substance Abuse Evaluations; Juvenile Non- amily; Juvenile Non-Residential Services Outpatient - Individual; Juve al Services Intensive Outpatient Treatment | ng Treatment; Adult N Residential Services (| Ion-Residential Dutpatient - Groups; |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient | Therapy | |
| Juvenile Services: | | utpatient Therapy - Co-occurring; Community Treatment Aide; Intensi ient Assessment (Medicaid); Assessment: Mental Status Exam (MSE | | ve Outpatient |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| Hamstra, Emily | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adu es Outpatient - Groups; Adult Non-Residential Services Outpatient - F rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Ser Evaluations; Juvenile Non-Residential Services Intervention/Education al Services Outpatient - Groups; Juvenile Non-Residential Services O inile Non-Residential Services Outpatient - Co-Occurring Treatment; Co-Occurring; Co-Occu | amily; Adult Non-Resi ervices Intensive Outpa on; Juvenile Non-Resi utpatient - Family; Juv Juvenile Non-Residen | dential Services atient Treatment; dential Services renile Non- |
| | | Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient ⁻ Treatment: General Education Class; Outpatient Therapy - Individual- | | tiont Thoropy |
| Juvenine Services. | including Group Sessions-Mental Health; Outpati | ent Therapy including Family Sessions-Mental Health; Outpatient The Treatment Day Treatment-Mental Health; Assessment: Pre-Treatment | erapy - Co-occurring; I | ntensive Outpatient: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Hergott, Mariah | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential S buse Evaluations; Juv | ervices Intensive enile Non- |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | 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 | t Therapy including Fassessment: Pre-Treat | amily Sessions- nent Assessment |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | I Evaluation; Assess | ment: Juvenile Who |
| Other Services: | Sexually Harm Risk Assessment | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: 0 | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Mental Health Services: | Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin Co-Occurring: Outpatient Therapy | es Substance Abuse n-Residential Servic | e Evaluations; Juvenile es Outpatient - Family |
| | Non-Treatment: Intensive Family Preservation; N Individual-Mental Health; Outpatient Therapy inclu- | on-Treatment: Anger Management Class; Non-Treatment: General E uding Group Sessions-Mental Health; Outpatient Therapy including F ensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive | amily Sessions-Men | ital Health; 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 | ssessment Services Substance Abuse Evaluations; Adult Non-Reside ups; Adult Non-Residential Services Outpatient - Family; Adult Non-Re ent Treatment; Adult Residential Services Short Term Residential; Ju vices Intervention/Education; Juvenile Non-Residential Services Outp | esidential Services C venile Assessment S | Outpatient - Individual; Services Substance |
| | | lential Services Outpatient - Individual; Juvenile Non-Residential Serv | | |
| Mental Health Services: | Services Outpatient - Family; Juvenile Non-Resid | | | |
| Mental Health Services: Juvenile Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpatient | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental H py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster (| ting Disorder; Outpa t Therapy-Youth Who | tient Therapy - Co- o Sexually Harm; |
| Other Services: | | | | |
| Milander-Mace, Amanda | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre-T | Treatment Assessment (bio-psychosocial); Outpatient Therapy | | |
| Juvenile Services: | | on-Treatment: Anger Management Class; Outpatient Therapy - Indivi ient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessm | | Outpatient Therapy |
| Other Services: | | | | |
| Millard, Laurie | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | Putpatient Therapy | | |
| Juvenile Services: | Supervised Visitation; Non-Treatment: Day Report Education Class; Outpatient Therapy - Individual- Family Sessions-Mental Health; Outpatient Thera Health; Intensive Outpatient: Intensive Outpatient | atment: Tracker (Except Douglas County); Non-Treatment: Intensive rting; Non-Treatment: Evening Reporting; Non-Treatment: Anger Mar Mental Health; Outpatient Therapy including Group Sessions-Mental upy - Eating Disorder; Community Treatment Aide; Intensive Outpatient - Eating Disorder; Intensive Outpatient: Intensive Outpatient Therapy Mental Status Exam (MSE); Contracted Services: Tracker; Contracted | agement Class; Nor Health; Outpatient T nt: Intensive Outpatie -Co-occurring; Asses | n-Treatment: Genera herapy including ent Therapy-Mental ssment: Pre- |
| Other Services: | Bilingual Services; | | | |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| | | cation; Adult Non-Residential Services Outpatient - Groups; Adult Nor idual; Adult Non-Residential Services Outpatient - Co-Occurring Trea | | |
| Juvenile Services. Juvenile Services: Other Services: | | o occurring, Outpatient merapy | | |

| Name | Agency | Add | dress | Phone | Fax |
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| Peters, Martinique | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 | South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Treatment | | | | |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Petersen, Connie | Behavioral Health Specialist/Seekers of Serenity | 923 E Norfolk Ave Norfolk N | B 68701 | (402)370-3140 | (402)370-3373 |
| | Adult Emergency Services Social Detox; Adult As Non-Residential Services Outpatient - Family; Ac Treatment; Adult Non-Residential Services Intens Substance Abuse Evaluations; Juvenile Non-Res Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | Ault Non-Residential Services Outp sive Outpatient Treatment; Adult R sidential Services Outpatient - Grou enile Non-Residential Services Out | atient - Individual; Adult Non-Resid esidential Services Short Term Re ups; Juvenile Non-Residential Serv patient - Co-Occurring Treatment; | dential Services Outr sidential; Juvenile A /ices Outpatient - Fa | batient - Co-Occurring ssessment Services mily; Juvenile Non- |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Mental Status Exam (M | g; Intensive Outpatient: Intensive C | Outpatient Therapy-Co-occurring; A | ssessment: Pre-Tre | |
| Other Services: | Sliding Fee Scale; | | | | |
| Polk, Kelley | Premier Counseling Services PLLC | 2004 S Saint Aubin St Suite | 101 Sioux City IA 51106 | (712)870-1445 | (712)248-8866 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa | | Services Outpatient - Family; Adult | Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; As | ssessment: Pre-Treatment Assess | ment (Medicaid); Assessment: Me | ntal Status Exam (M | SE) |
| Other Services: | | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columb | | (402)370-3140 | |
| 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 | ent - Family; Adult Non-Residential Services Intensive Outpatient Trea ; Juvenile Non-Residential Service | Services Outpatient - Individual; A tment; Juvenile Assessment Servic s Outpatient - Groups; Juvenile No | dult Non-Residential ces Substance Abus on-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | | |
| | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | | | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | | |

| Name | Agency | Address | Phone | Fax |
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| Sullivan, Michael | Michael Sullivan Counseling | 208 N. 5th St. Norfolk NB 68701-4155 | (402)750-7923 | (402)226-5161 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Groups; A | | rvices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | nt - Individual; Adult Non-Residential Services Outpatient - Co-Oc Dutpatient Therapy | curring Treatment | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Swantek, Mallory | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)371-3044 | |
| | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua rvices Intervention/Education; Juvenile Non-Residential Services | al; Juvenile Assessment | Services Substance |
| | Non-Treatment: Family Support Worker; Assessr | ment: Pre-Treatment Assessment (Medicaid) | | |
| Other Services: | | | | |
| Wagner, Alicia | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Juvenile Assessment So ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occ | al; Adult Non-Residential ervices Substance Abuse Non-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| | | | | |
| | 1 12 | utpatient Therapy including Group Sessions-Mental Health; Outp g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurrin | 1,2 0 | , |

| Name | Agency | Address | Phone | Fax |
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| Ajlouny, Alestin | At Peace Therapy LLC | 268 N. 115th St, Suite 1 Omaha NB 68154 | (402)413-9919 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu | It Non-Residential Ser rring Treatment; Adult | vices Outpatient - Non-Residential |
| Mental Health Services: | | co-Occurring; Crisis Stabilization; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Almquist, Keith | Achievement Counseling Services | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)669-3665 | (402)502-5102 |
| | Groups; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - C | | urring Treatment; Juve | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services | Outpatient Therapy - Individual-Mental Health; O Status Exam (MSE); Assessment: Co-Occurring | utpatient Therapy - Co-occurring; Assessment: Pre-Treatment Asse | ssment (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; A es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Evaluations; Juvenile Non-Residential Services Intervention/Educa al Services Outpatient - Groups; Juvenile Non-Residential Services nile Non-Residential Services Outpatient - Co-Occurring Treatment | Family; Adult Non-Re Services Intensive Out tion; Juvenile Non-Re Outpatient - Family; Ju | sidential Services patient Treatment; sidential Services |
| | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Intensive Outpatient Therapy-Mental Health; Inte | atient Therapy - Individual-Mental Health; Outpatient Therapy includental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Sating Disorder; Outpatient Therapy-Co-occurring; Assest | apy - Co-occurring; Int | ensive Outpatient: |
| Juvenile Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-Me | atient Therapy - Individual-Mental Health; Outpatient Therapy includental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Sating Disorder; Outpatient Therapy-Co-occurring; Assest | apy - Co-occurring; Int | ensive Outpatient: |
| Juvenile Services: Other Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Intensive Outpatient Therapy-Mental Health; Inte (Medicaid); Assessment: Mental Status Exam (M | atient Therapy - Individual-Mental Health; Outpatient Therapy includental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Sating Disorder; Outpatient Therapy-Co-occurring; Assest | apy - Co-occurring; Int | ensive Outpatient: |
| Juvenile Services: Other Services: Bendy, Laurie Substance Abuse Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Intensive Outpatient Therapy-Mental Health; Inte (Medicaid); Assessment: Mental Status Exam (M Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev | atient Therapy - Individual-Mental Health; Outpatient Therapy includ ental Health; Outpatient Therapy - Eating Disorder; Outpatient Ther nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Asses SE); Assessment: Co-Occurring 11840 Nicholas Street, Suite 200 Omaha NB 68154 raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu | apy - Co-occurring; Int ssment: Pre-Treatmen (402)807-2569 It Non-Residential Ser | ensive Outpatient: t Assessment |
| Juvenile Services: Other Services: Bendy, Laurie Substance Abuse Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Intensive Outpatient Therapy-Mental Health; Inte (Medicaid); Assessment: Mental Status Exam (M Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier | atient Therapy - Individual-Mental Health; Outpatient Therapy includ ental Health; Outpatient Therapy - Eating Disorder; Outpatient Ther nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Asses SE); Assessment: Co-Occurring 11840 Nicholas Street, Suite 200 Omaha NB 68154 raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu | apy - Co-occurring; Int ssment: Pre-Treatmen (402)807-2569 It Non-Residential Ser | ensive Outpatient: t Assessment |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---|
| Bentley, Janette | Destination Hope Counseling | 511 N D St Fremont NB 68025 | (402)727-0776 | (402)727-0779 |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Indiv Intervention/Education; Juvenile Non-Residential | cation; Adult Non-Residential Services Outpatient - Groups; Adult Nor ridual; Adult Non-Residential Services Outpatient - Co-Occurring Trea Services Outpatient - Groups; Juvenile Non-Residential Services Ou esidential Services Outpatient - Co-Occurring Treatment | atment; Juvenile Non | -Residential Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| | Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatie nent: Mental Status Exam (MSE); Assessment: Co-Occurring | nt Therapy - Co-occi | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| 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 - C | | dult Non-Residential vices Intervention/Ec | Services Outpatient - lucation; Juvenile |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Therapy - Co-occurring; Assessment: Co-Occurri | utpatient Therapy including Family Sessions-Mental Health; Outpatie ing | nt Therapy - Eating I | 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 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Substance Abuse Evaluations; Juvenile Non-Residential Ser Jvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential co-Occurring Treatment anile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio | dult Non-Residential vices Intervention/Ec Residential Services (| Services Outpatient lucation; Juvenile Outpatient - Individua |
| | Therapy | | | |
| Juvenile Services: | Assessment (Medicaid); Assessment: Mental Sta | utpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurrin atus Exam (MSE) | ng; Assessment: Pre | - I reatment |
| 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: | | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Outpatient Therapy - Individual-Mental Health; Co | ommunity Treatment Aide; Assessment: Pre-Treatment Assessment | (Medicaid) | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Braun, Diane | Braun Counseling Services, LLC | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)980-7600 | (402)502-5102 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; A | dult Non-Residential Adult Non-Residential | Services Outpatient - Services Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Broekemeier, Robert | Robert Broekemeier Counseling LLC | 268 N 115th St Suite 1 Omaha NB 68154 | (402)965-1564 | (402)260-7125 |
| | Family; Adult Non-Residential Services Outpatier | | rring Treatment; Juve | nile Assessment |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Outpatient | ent Therapy - Co-occ | urring |
| Other Services: | | | | - |
| Bruce, Ramanda | Aspirations Counseling | 1941 S 42nd St Suite 528 Omaha NB 68105 | (402)880-5253 | |
| Substance Abuse Services: | Maintenance; Adult Non-Residential Services Ou | aluations; Adult Non-Residential Services Intervention/Education; A tpatient - Groups; Adult Non-Residential Services Outpatient - Fami rvices Intensive Outpatient Treatment; Adult Non-Residential Service | ly; Adult Non-Resider | |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Other Services: | Sliding Fee Scale; | | | |
| Carlson, Scott | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)658-3737 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| 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 tient - Co-Occurring Treatment; Juvenile Assessment Services Subs e Non-Residential Services Outpatient - Individual; Juvenile Non-Re | stance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | | nile Co-Occurring Evaluation (C/O); Juvenile Youth Who Sexually H dults who Sexually Harm Evaluation; Outpatient Therapy | arm Evaluation (YWS | SH); Pre-Treatment |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Outpatie | ent Therapy - Youth V | Vho |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sexually Harm; Outpatient Therapy - Co-occurring | g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | Mental Status Exar | n (MSE) |
| Carrison, Vanessa | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)853-7898 | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenile Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Re | aluations; Adult Non-Residential Services Intervention/Education; Adu ht - Family; Adult Non-Residential Services Outpatient - Co-Occurring Assessment Services Substance Abuse Evaluations; Juvenile Non- Services Outpatient - Groups; Juvenile Non-Residential Services Out sidential Services Outpatient - Co-Occurring Treatment | g Treatment; Adult N Residential Services | lon-Residential |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpatien ; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; As | | |
| Cattau, Jeanne | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | utpatient Therapy | | |
| Juvenile Services: | | Itpatient Therapy including Family Sessions-Mental Health; Outpatier Health; Assessment: Pre-Treatment Assessment (Medicaid); Assess | | |
| Other Services: | Sliding Fee Scale; | | | |
| Cave, Korina | Lutheran Family Services of NE Inc | 1420 E Military Ave Fremont NB 68025 | (402)721-1774 | (402)721-9689 |
| | | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr o-Occurring; Outpatient Therapy | | |
| Other Services: | Sliding Fee Scale; | | | |
| Chohon, Allen | Alegent Health | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130 | (402)758-5883 | (402)758-5855 |
| Substance Abuse Services: | Family; Adult Non-Residential Services 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; Juve ntial Services Outpa | nile Assessment |
| Juvenile Services: | | o-Occurring; Crisis Phone Line; Emergency Medical Health Evaluatio | on; Outpatient Thera | ру |
| Other Services: | No Voucher Acceptance; | | | |

| Name | Agency | Address | Phone | Fax |
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| Clark, Cristian "Kat" | CenterPointe | 1490 N 16th St Omaha NB 68102 | (402)827-0570 | (402)827-0580 |
| | Adult Assessment Services Substance Abuse Ex Residential; Adult Residential Services Short Ter Pre-Treatment Assessment (bio-psychosocial); C | | It Residential Service | es Extended |
| Juvenile Services: | | | | |
| | Sliding Fee Scale; | | | |
| Cottam, Glenda | Cottam Psychological Services | 2730 S 87th Ave Omaha NB 68124-3045 | (402)331-8085 | (402)331-8265 |
| Substance Abuse Services: | | | | |
| | Pre-Treatment Assessment (bio-psychosocial); F | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Assessn | nent: Psychological E | valuation |
| Other Services: | | | | |
| DeLaet, Theodore | Theodore J. DeLaet, PhD, PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | enile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment A | Assessment (bio-psyc | chosocial); Adults |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | tion; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); ISE); Assessment: Psychological Evaluation; Assessment: Juvenile V | Assessment: Outpa | tient Psychiatric |
| Other Services: | | | | |
| DeVries, Shawn | Inroads To Recovery | 2808 N 75th St Omaha NB 68134-6861 | (402)932-2248 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien | valuations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Ion-Residential Services Partial Care; Adult Residential Services Dua | ring Treatment; Adult | Non-Residential |
| Mental Health Services: Juvenile Services: Other Services: | | psychosocial); Co-Occurring; Outpatient Therapy; Mental Health Inte | ensive Management | |
| Dirks, Amber | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)474-3322 | (402)397-1404 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Education; Ac nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurs Non-Residential Services Intervention/Education; Juvenile Non-Res ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrir | ring Treatment; Juve idential Services Out | nile Assessment |

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: Other Services: | | outpatient Therapy - Individual-Mental Health; Outpatient Therapy in Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring | | ons-Mental Health; |
| DuBay, Michelle | Turning the Mind Therapy | 4611 S 96th St Suite 232 Omaha NB 68127 | (402)301-7518 | |
| | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa Co-Occurring; Outpatient Therapy | raluations; Adult Non-Residential Services Outpatient - Groups; Adu tient - Co-Occurring Treatment | lt Non-Residential Se | rvices Outpatient - |
| Filcheck, Holly | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Juvenile Services: | | Psychological Evaluation; Outpatient Therapy utpatient Therapy including Family Sessions-Mental Health; Outpati nent: Outpatient Psychiatric Evaluation; Assessment: Mental Status I | | |
| Foxx, Karen | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)346-0902 | (402)342-5290 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Gaines, Denise | Carole's House of Hope | 7815 Harney St Omaha NB 68114 | (402)991-4673 | (402)596-1768 |
| Mental Health Services: Juvenile Services: | | raluations; Adult Non-Residential Services Intervention/Education; A ent - Individual; Adult Non-Residential Services Outpatient - Co-Occu Co-Occurring; Outpatient Therapy | | Services Outpatient |
| 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 Se Juvenile Non-Residential Services Intervention/E | aluations; Adult Non-Residential Services Intervention/Education; A es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment S ducation; Juvenile Non-Residential Services Care Monitoring SA/MI ervices Outpatient - Family; Juvenile Non-Residential Services Outp | Family; Adult Non-Re ervices Substance A H; Juvenile Non-Resi | esidential Services buse Evaluations; dential Services |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|------------------------------------|
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | · · · · | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health rder; Outpatient Therapy - Co-occurring; Assessment: Pre- | | |
| 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 | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health g; Assessment: Pre-Treatment Assessment (Medicaid); As | n; Outpatient Therapy including Fassessment: Co-Occurring | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | U | |
| Hallstrom, Debra | | 2170 N. Platte Ave. Fremont NB 68025 | (402)720-8220 | 402)753-6445 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Ed nt - Individual; Adult Non-Residential Services Outpatient - e Non-Residential Services Intervention/Education; Juvenil ndividual; Juvenile Non-Residential Services Outpatient - C | Co-Occurring Treatment; Juvenil e Non-Residential Services Outpa | e Assessment |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve | enile Co-Occurring Evaluation (C/O); Pre-Treatment Asses | sment (bio-psychosocial); Co-Oco | curring; Outpatien |
| | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Eating Disor Mental Status Exam (MSE); Assessment: Co-Oc | utpatient Therapy including Group Sessions-Mental Health rder; Outpatient Therapy - Co-occurring; Assessment: Pre- ccurring | n; Outpatient Therapy including Fa Treatment Assessment (Medicaid | amily Sessions- d); Assessment: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Hancock, Katelynn | Valley Hope | 7703 Serum Ave Omaha NB 68127 | (402)991-8824 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Ed ant - Family; Adult Non-Residential Services Outpatient - Ir Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | | | |
| | | | | |

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|----------------------|----------------------|
| Hardy, Brian | Nebraska Mental Health Centers | 2951 N Clarkson St Fremont NB 68025 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Psychological Evaluation; Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Content of the second s | utpatient Therapy including Group Sessions-Mental Health; Assessme | ent: Psychological E | valuation |
| Other Services: | | | | |
| Hay-Holen, Patricia | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (308)455-0145 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Hernandez, Sara | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatier | t Therapy including | Family Sessions- |
| 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 | ity; Juvenile Residential Services Halfway-House or SA Group Home; | Juvenile Residentia | I Services Short Ter |
| 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-Occu | urring | |
| Other Services: | Sliding Fee Scale; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | I Evaluation; Assess | ment: Juvenile Who |

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|--|--|---|---|
| Hunter, Linda | Northeast Nebraska Psychological Services, PC | 408 N Oakland Ave Oakland NB 68045 | (402)685-4130 | (402)685-4132 |
| Substance Abuse Services: | · · · · · · · · · · · · · · · · · · · | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Psychological Evaluatio | n; Outpatient Therapy | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpati Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: sment: Psychological Evaluation; Assessment: Juvenile Who Sexua | Pre-Treatment Asses | sment (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)261-6667 | (402)261-6526 |
| | Family; Adult Non-Residential Services 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; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu le Assessment Services Substance Abuse Evaluations; Juvenile No l Services Outpatient - Groups; Juvenile Non-Residential Services O esidential Services Outpatient - Co-Occurring Treatment; Juvenile No | urring Treatment; Adul n-Residential Service: Dutpatient - Family; Ju | t Non-Residential s venile Non-Residentia |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpati g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health ent Assessment (Medicaid); Assessment: Mental Status Exam (MS | ; Intensive Outpatient | Intensive Outpatient |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Kathleen | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| 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; | | | |
| Kimmerling, Katherine | The Bridge Behavioral Health Inc | 721 K St. Lincoln NB 68508 | (402)477-3951 | (402)477-3922 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education; <i>J</i> ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Serv ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N ndividual; Juvenile Non-Residential Services Outpatient - Co-Occur | Adult Non-Residential vices Substance Abus Ion-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| | Pre-Treatment Assessment (bio-psychosocial); C | co-occurring; Outpatient Therapy | | |
| Juvenile Services: Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|-----------------------------------|--|---|---|---|
| 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 Outpaties | raluations; Adult Non-Residential Services Care Monitoring SA/MH; ent - Family; Adult Non-Residential Services Outpatient - Individual; , Services Intensive Outpatient Treatment; Adult Residential Services renile Assessment Services Substance Abuse Evaluations; Juvenile atient - Groups; Juvenile Non-Residential Services Outpatient - Fam Services Outpatient - Co-Occurring Treatment; Juvenile Non-Reside | Adult Non-Residential Dual Residential (MH Non-Residential Sen ily; Juvenile Non-Res | Services Outpatient - I/SA); Adult vices Care Monitoring idential Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive Out | patient: Intensive Outpatient Therapy-Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| Juvenile Services: | | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Outpatient | t Therapy | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; Ir | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpati ental Health; Outpatient Therapy including Family Sessions-Mental H rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Hea ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessm sment: Juvenile Who Sexually Harm Risk Assessment | Health; Outpatient The alth; Intensive Outpati | erapy - Youth Who ent: Intensive |
| | | | | |
| Other Services: | | | | |
| Other Services: Kucera, Taylor | Care Corps Inc DBA LifeHouse | 723 N Broad St Fremont NB 68025 | (402)721-3125 | (402)721-6246 |

| Name | Agency | Address | Phone | Fax |
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| Kusek, Alice | Carole's House of Hope | 7815 Harney St Omaha NB 68114 | (402)991-4673 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Lafferty, Melissa | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| | , | n; Outpatient Therapy including Family Sessions-Mental Health | 1 | |
| Other Services: | | | | |
| Laufenberg , James | | 11069 I Street Omaha NB 68137 | (402)290-2602 | (888)507-5931 |
| | Groups; Adult Non-Residential Services Outp | | Co-Occurring Treatment; Juve | enile Assessment |
| | | co-occurring, Outpatient Therapy outpatient Therapy - Co-occurring; Assessment: Pre-Treatm | ent Assessment (Medicaid); A | ssessment: Co- |
| | Occurring | | | |
| Other Services | | | | |
| Other Services: | | | | |
| Other Services: Logsden, Lisa | | 2951 N Clarkson St Fremont NB 68025 | (402)483-6990 | |
| | Nebraska Mental Health Centers Adult Assessment Services Substance Abuse Family; Adult Non-Residential Services Outpa Services Substance Abuse Evaluations; Juve | 2951 N Clarkson St Fremont NB 68025 e Evaluations; Adult Non-Residential Services Outpatient - Gro atient - Individual; Adult Non-Residential Services Outpatient - nile Non-Residential Services Outpatient - Groups; Juvenile N ual; Juvenile Non-Residential Services Outpatient - Co-Occurr | ups; Adult Non-Residential Se Co-Occurring Treatment; Juve on-Residential Services Outpa | nile Assessment |
| Logsden, Lisa Substance Abuse Services: | Nebraska Mental Health Centers Adult Assessment Services Substance Abuse Family; Adult Non-Residential Services Outpa Services Substance Abuse Evaluations; Juve Non-Residential Services Outpatient - Individu | e Evaluations; Adult Non-Residential Services Outpatient - Gro atient - Individual; Adult Non-Residential Services Outpatient - nile Non-Residential Services Outpatient - Groups; Juvenile N | ups; Adult Non-Residential Se Co-Occurring Treatment; Juve on-Residential Services Outpa ing Treatment | nile Assessment tient - Family; Juve |
| Logsden, Lisa Substance Abuse Services: Mental Health Services: | Nebraska Mental Health Centers Adult Assessment Services Substance Abuse Family; Adult Non-Residential Services Outpatient Services Substance Abuse Evaluations; Juve Non-Residential Services Outpatient - Individu Pre-Treatment Assessment (bio-psychosocial Outpatient Therapy - Individual-Mental Health Mental Health; Outpatient Therapy - Youth W | e Evaluations; Adult Non-Residential Services Outpatient - Gro atient - Individual; Adult Non-Residential Services Outpatient - nile Non-Residential Services Outpatient - Groups; Juvenile N ual; Juvenile Non-Residential Services Outpatient - Co-Occurr | ups; Adult Non-Residential Se Co-Occurring Treatment; Juve on-Residential Services Outpa ing Treatment ological Evaluation; Outpatien ; Outpatient Therapy including Medicaid); Assessment: Menta | nile Assessment itient - Family; Juve t Therapy Family Sessions- |

| Name | Agency | Address | Phone | Fax |
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| Mclaurine, Marilyn | | 1927 Wirt St Omaha NB 68110 | (402)341-1821 | (402)905-9473 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| | Intensive Outpatient: Intensive Outpatient Therap Assessment (Medicaid); Assessment: Mental Sta | by-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy atus Exam (MSE); Assessment: Co-Occurring | r-Co-occurring; Asses | sment: Pre-Treatmer |
| Other Services: | | | | |
| Meints, Kristi | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68526 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; On Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatie | ent Therapy including | Family Sessions- |
| Other Services: | | | | |
| Mertes, Courtney | | 268 N. 115th Street, Ste 1 Omaha NB 68154 | (402)590-8766 | (402)838-7248 |
| 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 Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Serv ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurri Co-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE | Adult Non-Residentia ices Substance Abus on-Residential Servic ng Treatment; Juven ent Therapy including Intensive Outpatient | Services Outpatient e Evaluations; Juveni es Outpatient - Famil le Non-Residential Family Sessions- Intensive Outpatient |
| Other Services: | | | | - |
| Middagh, Todd | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse | Evaluations | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Adults who Sexually Harm Evaluation; Outpatient The | rapy | |
| Juvenile Services: | | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy in Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Morton, Crystal | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | (402)397-1404 |
| 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 Treatme | ng Treatment; Juver ntial Services Outpat | nile Assessment tient - Family; Juvenil |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Juvenile Services: Other Services: | Non-Treatment: Intensive Family Preservation; O | utpatient Therapy - Individual-Mental Health; Outpatient Therapy - Ea | ting Disorder | |
| Munet Ginorio, Alexandra | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)482-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Psychological Evaluation; Outpatient Therapy | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); ent: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co | Assessment: Mental | |
| Other Services: | Bilingual Services; | | eeeanig | |
| | Billigual Colvioco, | | | |
| Nastase, Jill | Valley Hope | 7703 Serum Ave Omaha NB 68127 | (402)991-8824 | (402)991-3486 |
| Nastase, Jill | Valley Hope Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie | 7703 Serum Ave Omaha NB 68127 aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | ult Non-Residential S | Services Outpatient - |
| Nastase, Jill Substance Abuse Services: | Valley Hope Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | ult Non-Residential S | Services Outpatient - |
| Nastase, Jill Substance Abuse Services: | Valley Hope Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | ult Non-Residential S | Services Outpatient - |
| Nastase, Jill Substance Abuse Services: Mental Health Services: | Valley Hope Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | ult Non-Residential S | Services Outpatient - |
| Nastase, Jill Substance Abuse Services: Mental Health Services: Juvenile Services: | Valley Hope Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | ult Non-Residential S | Services Outpatient - |
| Nastase, Jill Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Neve, Robert | Valley Hope Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C The Clearview Center, Inc. Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad co-Occurring; Outpatient Therapy | ult Non-Residential S Jult Non-Residential (402)612-2516 Jlt Non-Residential S amily; Adult Non-Re | (402)614-5447 Services Care esidential Services |
| Nastase, Jill Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Neve, Robert Substance Abuse Services: | Valley Hope Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C The Clearview Center, Inc. Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad co-Occurring; Outpatient Therapy 4913 Underwood Ave Omaha NB 68132 aluations; Adult Non-Residential Services Intervention/Education; Adu es Outpatient - Groups; Adult Non-Residential Services Outpatient - F rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services | ult Non-Residential S Jult Non-Residential (402)612-2516 Jlt Non-Residential S amily; Adult Non-Re | (402)614-5447 Services Care esidential Services |

| Name | Agency | Address | Phone | Fax |
|-------------------------------------|---|---|--|---|
| Ollila, Ashleigh | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68526 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Outpatient Therapy | | |
| Juvenile Services: | | Outpatient Therapy including Group Sessions-Mental Health; Outpatiessment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; | | |
| Other Services: | | | | |
| Osborn, Katlynn | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)366-3472 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Education; A ont - Individual; Adult Non-Residential Services Outpatient - Co-Occu e Non-Residential Services Intervention/Education; Juvenile Non-Re- ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | rring Treatment; Juve sidential Services Ou | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring; Outpatient Therapy | | |
| | | Outpatient Therapy including Family Sessions-Mental Health; Assess | ment: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | , | | |
| Peterson, Kira | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C Mental Health | Outpatient Therapy including Group Sessions-Mental Health; Outpatie | ent Therapy including | Family Sessions- |
| Other Services: | | | | |
| Poulos, Helen | The Salvation Army, Omaha Area Fund | 3612 Cuming Street Omaha NB 68131 | (402)898-5941 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual | dult Non-Residential | Services Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Juvenine Dervices. | | | | |
| Other Services: | | | | |
| | Serenity Matters | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 6811 | 1 (402)830-3890 | (402)905-0011 |
| Other Services: Prince, Reginald | Serenity Matters Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; . ervices Intervention/Education; Juvenile Non-Residential Services Ou | dult Non-Residential Juvenile Assessment | Services Outpatient - Services Substance |

| Name | Agency | Address | Phone | Fax |
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| | Non-Treatment: Anger Management Class Sliding Fee Scale; | | | • |
| Raasch, Debra | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| | Pre-Treatment Assessment (bio-psychosocial); O Non-Treatment: Intensive Family Preservation; O | utpatient Therapy utpatient Therapy - Individual-Mental Health; Outpatient Therap | y including Family Sessio | ons-Mental Health |
| Other Services: | Sliding Fee Scale; | | | |
| Rezac, Jacqueline | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)350-3267 | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | aluations; Adult Non-Residential Services Intervention/Education so Outpatient - Groups; Adult Non-Residential Services Outpatie vices Outpatient - Co-Occurring Treatment; Adult Non-Resident Evaluations; Juvenile Non-Residential Services Intervention/Ed al Services Outpatient - Groups; Juvenile Non-Residential Service nile Non-Residential Services Outpatient - Co-Occurring Treatm Putpatient Therapy | nt - Family; Adult Non-Re ial Services Intensive Ou ucation; Juvenile Non-Re es Outpatient - Family; J | esidential Services tpatient Treatment; esidential Services uvenile Non- |
| | | utpatient Therapy including Family Sessions-Mental Health; Ass | essment: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Rice, Joan | Spence Counseling | 12035 Q St. Omaha NB 68137 | (402)991-0611 | (402)991-6228 |
| | | aluations; Adult Non-Residential Services Intervention/Education nt - Family; Adult Non-Residential Services Outpatient - Individu o-Occurring; Outpatient Therapy | | |
| Rich, Jamie | Lutheran Family Services of NE Inc | 1420 E Military Ave Fremont NB 68025 | (402)721-1774 | |
| Mental Health Services: Juvenile Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; / it - Individual; Adult Non-Residential Services Intensive Outpatie o-Occurring; Outpatient Therapy | | rvices Outpatient - |

| Name | Agency | Address | Phone | Fax |
|---|---|---|---|--|
| Roberts, Markie | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | (402)727-4288 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | | utpatient Therapy including Family Sessions-Mental Health | | |
| Rojas, Virgen | Lutheran Family Services of NE Inc | 120 S 24th St Ste 100 Omaha NB 68102 | (402)721-1774 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad tient - Co-Occurring Treatment; Adult Non-Residential Services Inten | | |
| Juvenile Services: | Co-Occurring; Outpatient Therapy Sliding Fee Scale; Bilingual Services; | | | |
| | | | (400)004 0504 | |
| Rynearson, Claire | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 aluations; Adult Residential Services Therapeutic Community; Juven | (402)991-8521 | (402)455-7050 |
| Mental Health Services: Juvenile Services: | Evaluations Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Salvatore, Christine | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | (402)715-5452 |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Intensive Outpatient: Intensive Outpatient Therap | | dult Non-Residential ces Substance Abuse n-Residential Servic | Services Outpatient Evaluations; Juveni es Outpatient - Famil |
| Other Services: | Sliding Fee Scale; | | | |
| Schnieder, Brian | Halo Counseling Center | 8998 L St Suite 110 Omaha NB 68127 | (402)850-0054 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | aluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se Evaluations; Juvenile Non-Residential Services Intervention/Educati al Services Outpatient - Groups; Juvenile Non-Residential Services C nile Non-Residential Services Outpatient - Co-Occurring Treatment; | Family; Adult Non-Re ervices Intensive Ou on; Juvenile Non-Re outpatient - Family; J | esidential Services tpatient Treatment; sidential Services uvenile Non- |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---------------------------------------|
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | Outpatient 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 | valuations; Adult Non-Residential Services Intervention/Educat ent - Family; Adult Non-Residential Services Outpatient - Indivi Services Substance Abuse Evaluations; Juvenile Non-Residen uvenile Non-Residential Services Outpatient - Individual; Juven | dual; Adult Non-Residential S tial Services Intervention/Edu | ervices Outpatier cation; Juvenile |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | Outpatient Therapy including Family Sessions-Mental Health; O | utpatient Therapy - Co-occur | ring |
| Other Services: | | | | |
| Schulenberg, Amber | Midwest Country Clinic | Box 26 202 East HWY 20 Bassett NB 68714 | (402)380-9249 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Semerad, MaLeaha | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health | Outpatient Therapy including Group Sessions-Mental Health; O | utpatient Therapy including F | amily Sessions- |
| Other Services: | | | | |
| Smeal, Jessica | | 900 S. 74th Plaza, Ste. 400 Omaha NB 68144 | (402)800-2990 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex | valuations; Juvenile Assessment Services Substance Abuse E | valuations | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; A | ssessment: Co-Occurring | | |
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| Name | Agency | Address | Phone | Fax |
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| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); P | sychological Evaluation; Outpatient Therapy; Mental Health Intensive | Management | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Therapy - Co-occurring; Assessment: Pre-Treatm Assessment: Juvenile Who Sexually Harm Risk A | utpatient Therapy including Family Sessions-Mental Health; Outpatier ient Assessment (Medicaid); Assessment: Mental Status Exam (MSE Assessment | nt Therapy - Eating I); Assessment: Psyc | Disorder; Outpatient chological Evaluation; |
| Other Services: | | | | |
| Sorensen, Rachel | | 2170 North Platte Ave Fremont NB 68025 | (402)720-3992 | (402)753-6445 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential vices Intervention/Ec esidential Services (| Services Outpatient - lucation; Juvenile Dutpatient - Individual; |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- | psychosocial); Co-C | ccurring; Outpatient |
| 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 | y - Co-occurring; In | tensive Outpatient: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid) | t Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Stein, Daniela | Lutheran Family Services of NE Inc | 120 S 24th St Ste 100 Omaha NB 68102 | (402)978-5604 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S | | | |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Stennis, Gladys | Infinite Avenues Counseling | 7117 Farnam St Suite 17 Omaha NB 68132 | (402)905-6296 | |
| Substance Abuse Services: | : Adult Assessment Services Substance Abuse | Evaluations | | |
| | Pre-Treatment Assessment (bio-psychosocial) | ; Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: Other Services | : Sliding Fee Scale; | | | |
| | Siding i ee Scale, | | | |
| Stennis, Gladys | LIVING-IN-TRUTH, LLC | 2551 Spaulding St Omaha NB 68111 | (402)905-6296 | |
| | Family; Adult Non-Residential Services Outpat Services Intensive Outpatient Treatment | Evaluations; Adult Non-Residential Services Outpatient - Group tient - Individual; Adult Non-Residential Services Outpatient - Co | | |
| | : Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy -Mental Health; Outpatient Therapy - Eating Disorder; Outpatien | | lental Health; |
| Other Services: | Sliding Fee Scale; | | | |
| Stratton, Elizabeth | Catalyst Alternative Therapy Solutions & Life Coaching | 10320 Mary St Omaha NB 68122 | (402)957-4841 | |
| Substance Abuse Services: | | Evaluations; Adult Non-Residential Services Outpatient - Group tient - Individual: Adult Non-Residential Services Outpatient - Co | | vices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | occurring meannent | |
| Juvenile Services: | : | | | |
| Other Services: | | | | |
| Ticknor, Brenda | Alegent Health | 3308 Samson Way Ste 203 Bellevue NB 68123 | (402)717-7674 | (402)291-8806 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpat Services Substance Abuse Evaluations; Juven | Evaluations; Adult Non-Residential Services Outpatient - Group tient - Individual; Adult Non-Residential Services Outpatient - Co ille Non-Residential Services Outpatient - Groups; Juvenile Non- al; Juvenile Non-Residential Services Outpatient - Co-Occurring | -Occurring Treatment; Juver -Residential Services Outpat | ile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | ; Co-Occurring; Outpatient Therapy | | |
| Juvenile Services | Outpatient Therapy - Individual-Mental Health; | Outpatient Therapy including Group Sessions-Mental Health; O | outpatient Therapy including I | amily Sessions- |
| | Mental Health; Outpatient Therapy - Eating Dis Mental Status Exam (MSE); Assessment: Co-0 | sorder; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre Occurring | eatment Assessment (Medica | iid); Assessment: |

| Name | Agency | Address | Phone | Fax |
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| Tostenson, Dawn | Stephen Center | 5217 S 28th St. Omaha NB 68107 | (402)715-5440 | |
| , | | | () | 0 1 0 1 1 1 |
| 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; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Adult Residential Services D Residential Services Short Term Residential; Juvenile Assessment S ducation; Juvenile Non-Residential Services Outpatient - Groups; Juv atient - Individual; Juvenile Non-Residential Services Outpatient - Co- ent | dult Non-Residential Jual Residential (MH Services Substance renile Non-Resident | Services Outpatient - I/SA); Adult Abuse Evaluations; ial Services Outpatient |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Vasquez-Evans, Linda | | 7701 Pacific Street, Ste 101 Omaha NB 68114 | (402)889-6359 | (402)564-7735 |
| | Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | nt - Family; Adult Non-Residential Services Outpatient - Individual; Ac Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | es Substance Abusen-Residential Servic | e Evaluations; Juvenile es Outpatient - Family |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurri tus Exam (MSE): Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | tus Exam (MOE), Assessment. Oo Occurring | | |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E | aluations; Adult Non-Residential Services Intervention/Education; Adu es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Juvenile Assessment Ser ducation; Juvenile Non-Residential Services Outpatient - Groups; Juv atient - Individual; Juvenile Non-Residential Services Outpatient - Co- | amily; Adult Non-Re rvices Substance Al renile Non-Resident | esidential Services buse Evaluations; ial Services Outpatient |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- | psychosocial); Co-C | Occurring; Outpatient |
| 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: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---|---|--|---|---|
| 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 | 6 | dual; Adult Non-Residential tial Services Intervention/Ec | Services Outpatient lucation; Juvenile |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health: Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Ou a: Assessment: Co-Occurring | utpatient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| Wilcoxen, Colette | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68526 | (402)483-6999 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| luvenile Convisee | Outpatient Thereny, Individual Mantal Health: Or | ute atient The second is all dis a Crawn Casaliana Mantal Haalth. O | the effect of The second state backback | - " o ' |
| Juvenile Services. | | utpatient Therapy including Group Sessions-Mental Health; Ou | utpatient i nerapy including | Family Sessions- |
| Other Services: | Mental Health | utpatient Therapy including Group Sessions-Mental Health; Of | utpatient Therapy Including | Family Sessions- |
| | Mental Health | 4004 N. 91st Street Omaha NB 68134 | (402)613-0691 | (800)496-7283 |
| Other Services: Williams, Ann | Mental Health Ann's Couch Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpar | | (402)613-0691 Adult Non-Residential Ser Substance Abuse Evaluat | (800)496-7283 vices Outpatient - ions; Juvenile Non- |
| Other Services: Williams, Ann Substance Abuse Services: | Mental Health Ann's Couch Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Family; Juvenile | 4004 N. 91st Street Omaha NB 68134 raluations; Adult Non-Residential Services Outpatient - Family; tient - Co-Occurring Treatment; Juvenile Assessment Services e Non-Residential Services Outpatient - Individual; Juvenile No | (402)613-0691 Adult Non-Residential Ser Substance Abuse Evaluat | (800)496-7283 vices Outpatient - ions; Juvenile Non- |
| Other Services: Williams, Ann Substance Abuse Services: Mental Health Services: | Mental Health Ann's Couch Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpar Residential Services Outpatient - Family; Juvenike Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Outpatient - Individual-Mental Health; Ou | 4004 N. 91st Street Omaha NB 68134 raluations; Adult Non-Residential Services Outpatient - Family; tient - Co-Occurring Treatment; Juvenile Assessment Services e Non-Residential Services Outpatient - Individual; Juvenile No co-Occurring; Outpatient Therapy utpatient Therapy including Family Sessions-Mental Health; O | (402)613-0691 Adult Non-Residential Ser Substance Abuse Evaluat on-Residential Services Ou | (800)496-7283 vices Outpatient - ions; Juvenile Non- tpatient - Co-Occurrir |
| Other Services: Williams, Ann Substance Abuse Services: Mental Health Services: | Mental Health Ann's Couch Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpar Residential Services Outpatient - Family; Juvenile Treatment Pre-Treatment Assessment (bio-psychosocial); C | 4004 N. 91st Street Omaha NB 68134 raluations; Adult Non-Residential Services Outpatient - Family; tient - Co-Occurring Treatment; Juvenile Assessment Services e Non-Residential Services Outpatient - Individual; Juvenile No co-Occurring; Outpatient Therapy utpatient Therapy including Family Sessions-Mental Health; O | (402)613-0691 Adult Non-Residential Ser Substance Abuse Evaluat on-Residential Services Ou | (800)496-7283 vices Outpatient - ions; Juvenile Non- tpatient - Co-Occurrir |
| Other Services: Williams, Ann Substance Abuse Services: Mental Health Services: Juvenile Services: | Mental Health Ann's Couch Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpar Residential Services Outpatient - Family; Juvenike Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Outpatient - Individual-Mental Health; Ou | 4004 N. 91st Street Omaha NB 68134 raluations; Adult Non-Residential Services Outpatient - Family; tient - Co-Occurring Treatment; Juvenile Assessment Services e Non-Residential Services Outpatient - Individual; Juvenile No co-Occurring; Outpatient Therapy utpatient Therapy including Family Sessions-Mental Health; O | (402)613-0691 Adult Non-Residential Ser Substance Abuse Evaluat on-Residential Services Ou | (800)496-7283 vices Outpatient - ions; Juvenile Non- tpatient - Co-Occurrin |
| Other Services: Williams, Ann Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Mental Health Ann's Couch Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpar Residential Services Outpatient - Family; Juvenile Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessment Nebraska Mental Health Centers | 4004 N. 91st Street Omaha NB 68134 raluations; Adult Non-Residential Services Outpatient - Family; tient - Co-Occurring Treatment; Juvenile Assessment Services e Non-Residential Services Outpatient - Individual; Juvenile No co-Occurring; Outpatient Therapy utpatient Therapy including Family Sessions-Mental Health; O tent: Co-Occurring | (402)613-0691 Adult Non-Residential Serts Substance Abuse Evaluat on-Residential Services Ou utpatient Therapy - Co-occi | (800)496-7283 vices Outpatient - ions; Juvenile Non- tpatient - Co-Occurrin urring; Assessment: |
| Other Services: <u>Williams, Ann</u> Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Zlomke, Leland Substance Abuse Services: | Mental Health Ann's Couch Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpatient Residential Services Outpatient - Family; Juvenile Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessment Nebraska Mental Health Centers | 4004 N. 91st Street Omaha NB 68134 raluations; Adult Non-Residential Services Outpatient - Family; tient - Co-Occurring Treatment; Juvenile Assessment Services e Non-Residential Services Outpatient - Individual; Juvenile No co-Occurring; Outpatient Therapy utpatient Therapy including Family Sessions-Mental Health; O tent: Co-Occurring 4545 S 86th St Lincoln NB 68520 co-Decurring Youth Who Sexually Harm Evaluation (YWSH); Pre-Treat | (402)613-0691 Adult Non-Residential Ser s Substance Abuse Evaluat on-Residential Services Ou utpatient Therapy - Co-occu (402)483-6990 | (800)496-7283 vices Outpatient - ions; Juvenile Non- tpatient - Co-Occurri urring; Assessment: (402)483-7045 |

Other Services:

| Name | Agency | Address | Phone | Fax | |
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| Zueter, Kimberly | | 5087 S 106th St Omaha NB 68127 | (402)630-7560 | | |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-R | | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier ent: Mental Status Exam (MSE); Assessment: Co-Occurring | t Therapy - Co-occurri | ng; Assessment: | |
| Other Services: | | · · · · | | | |

| Name | Agency | Address | Phone | Fax |
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| Abdullah, Shakur | Community Justice Center | 2401 Lake St Ste 240 Omaha NB 68111 | (480)720-0207 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Abdullah, Shakur | Community Justice Center | 2401 Lake St Ste 240 Omaha NB 68111 | (480)720-0207 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Ackerman, Deanna | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)553-3000 | |
| | Groups; Adult Non-Residential Services C Co-Occurring Treatment; Juvenile Non-R | | dividual; Adult Non-Residential S tial Services Care Monitoring SA/ | ervices Outpatien MH; Juvenile Non |
| Juvenile Services: | Non-Treatment: Anger Management Class including Group Sessions-Mental Health; | s; Non-Treatment: General Education Class; Outpatient Therapy Outpatient Therapy including Family Sessions-Mental Health; Ou ssment: Mental Status Exam (MSE); Assessment: Co-Occurring | - Individual-Mental Health; Outpat tpatient Therapy - Co-occurring; A | ient Therapy Assessment: Pre- |
| Ackerman, Deanna | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)553-3000 | |
| | Groups; Adult Non-Residential Services Co-Occurring Treatment; Juvenile Non-R | | ndividual; Adult Non-Residential S tial Services Care Monitoring SA/ | ervices Outpatien MH; Juvenile Non |
| | Non-Treatment: Anger Management Class including Group Sessions-Mental Health; | s; Non-Treatment: General Education Class; Outpatient Therapy Outpatient Therapy including Family Sessions-Mental Health; Ou ssment: Mental Status Exam (MSE); Assessment: Co-Occurring | | |

| Name | Agency | Address | Phone | Fax |
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| Ajlouny, Alestin | At Peace Therapy LLC | 268 N. 115th St, Suite 1 Omaha NB 68154 | (402)413-9919 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Group nt - Individual; Adult Non-Residential Services Outpatient - Co | | |
| Mental Health Services: | | o-Occurring; Crisis Stabilization; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Ajlouny, Alestin | At Peace Therapy LLC | 268 N. 115th St, Suite 1 Omaha NB 68154 | (402)413-9919 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Group nt - Individual; Adult Non-Residential Services Outpatient - Co | | |
| Mental Health Services: | | o-Occurring; Crisis Stabilization; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| | | | | |
| Akers, Anita | Anita Akers PC | 11069 I St Omaha NB 68137 | (402)933-4411 | |
| , | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa | 11069 I St Omaha NB 68137 aluations; Adult Non-Residential Services Outpatient - Family tient - Co-Occurring Treatment; Juvenile Assessment Service e Non-Residential Services Outpatient - Individual; Juvenile N | y; Adult Non-Residential Services es Substance Abuse Evaluations; | Juvenile Non- |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Family; Juvenile | aluations; Adult Non-Residential Services Outpatient - Family tient - Co-Occurring Treatment; Juvenile Assessment Service e Non-Residential Services Outpatient - Individual; Juvenile N | y; Adult Non-Residential Services es Substance Abuse Evaluations; | Juvenile Non- |
| Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpar Residential Services Outpatient - Family; Juvenile Treatment Pre-Treatment Assessment (bio-psychosocial); C | aluations; Adult Non-Residential Services Outpatient - Family tient - Co-Occurring Treatment; Juvenile Assessment Service e Non-Residential Services Outpatient - Individual; Juvenile N | y; Adult Non-Residential Services es Substance Abuse Evaluations; Non-Residential Services Outpatie | Juvenile Non- ent - Co-Occurring |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpar Residential Services Outpatient - Family; Juvenile Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Individual-Ment | aluations; Adult Non-Residential Services Outpatient - Family tient - Co-Occurring Treatment; Juvenile Assessment Service e Non-Residential Services Outpatient - Individual; Juvenile N co-Occurring; Outpatient Therapy | y; Adult Non-Residential Services es Substance Abuse Evaluations; Non-Residential Services Outpatie | Juvenile Non- ent - Co-Occurring |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpar Residential Services Outpatient - Family; Juvenile Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; In (Medicaid) | aluations; Adult Non-Residential Services Outpatient - Family tient - Co-Occurring Treatment; Juvenile Assessment Service e Non-Residential Services Outpatient - Individual; Juvenile N co-Occurring; Outpatient Therapy | y; Adult Non-Residential Services es Substance Abuse Evaluations; Non-Residential Services Outpatie | Juvenile Non- ent - Co-Occurrin |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpar Residential Services Outpatient - Family; Juvenile Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Int (Medicaid) Sliding Fee Scale; Anita Akers PC Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpar | aluations; Adult Non-Residential Services Outpatient - Family tient - Co-Occurring Treatment; Juvenile Assessment Service e Non-Residential Services Outpatient - Individual; Juvenile N co-Occurring; Outpatient Therapy tensive Outpatient: Intensive Outpatient Therapy-Mental Heal | y; Adult Non-Residential Services es Substance Abuse Evaluations; Non-Residential Services Outpatie Ith; Assessment: Pre-Treatment A (402)933-4411 y; Adult Non-Residential Services es Substance Abuse Evaluations; | Juvenile Non- ent - Co-Occurrin Assessment Outpatient - Juvenile Non- |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Akers, Anita Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpar Residential Services Outpatient - Family; Juvenile Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Int (Medicaid) Sliding Fee Scale; Anita Akers PC Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Family; Juvenile | aluations; Adult Non-Residential Services Outpatient - Family tient - Co-Occurring Treatment; Juvenile Assessment Service e Non-Residential Services Outpatient - Individual; Juvenile N co-Occurring; Outpatient Therapy tensive Outpatient: Intensive Outpatient Therapy-Mental Heal 11069 I St Omaha NB 68137 raluations; Adult Non-Residential Services Outpatient - Family tient - Co-Occurring Treatment; Juvenile Assessment Service e Non-Residential Services Outpatient - Individual; Juvenile N | y; Adult Non-Residential Services es Substance Abuse Evaluations; Non-Residential Services Outpatie Ith; Assessment: Pre-Treatment A (402)933-4411 y; Adult Non-Residential Services es Substance Abuse Evaluations; | Juvenile Non- ent - Co-Occurrin Assessment Outpatient - Juvenile Non- |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Akers, Anita Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Family; Juvenile Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; In (Medicaid) Sliding Fee Scale; Anita Akers PC Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Family; Juvenile Treatment Pre-Treatment Assessment (bio-psychosocial); C | aluations; Adult Non-Residential Services Outpatient - Family tient - Co-Occurring Treatment; Juvenile Assessment Service e Non-Residential Services Outpatient - Individual; Juvenile N co-Occurring; Outpatient Therapy tensive Outpatient: Intensive Outpatient Therapy-Mental Heal 11069 I St Omaha NB 68137 raluations; Adult Non-Residential Services Outpatient - Family tient - Co-Occurring Treatment; Juvenile Assessment Service e Non-Residential Services Outpatient - Individual; Juvenile N | y; Adult Non-Residential Services es Substance Abuse Evaluations; Non-Residential Services Outpatie of the services outpatie (402)933-4411 y; Adult Non-Residential Services es Substance Abuse Evaluations; Non-Residential Services Outpatie | Juvenile Non- ent - Co-Occurrin Assessment Outpatient - Juvenile Non- ent - Co-Occurrin |

| Name | Agency | Address | Phone | Fax |
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| Alba, Sarah | Goodwill Industries | 4805 N 72nd St Omaha NB 68134 | (402)880-8414 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy | | | |
| Other Services: | Bilingual Services; | | | |
| Alba, Sarah | Goodwill Industries | 4805 N 72nd St Omaha NB 68134 | (402)880-8414 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | | | | |
| Other Services: Albrecht, Linda | Bilingual Services; Siena Francis House | 1702 Nicholas Street Omaha NB 68106 | (402)341-1821 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Non-Residential Services Outpatient - Family; A Treatment; Adult Residential Services Extended | ssessment Services Substance Abuse Evaluations; Adult Non-Re dult Non-Residential Services Outpatient - Individual; Adult Non-R Residential | | |
| Albrecht, Linda | Siena Francis House | 1702 Nicholas Street Omaha NB 68106 | (402)341-1821 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Non-Residential Services Outpatient - Family; A Treatment; Adult Residential Services Extended | ssessment Services Substance Abuse Evaluations; Adult Non-Re dult Non-Residential Services Outpatient - Individual; Adult Non-R Residential | | |
| Alexis, Geraldine | Charles Drew Health Center | 2916 Grant Street Omaha NB 68111 | (402)281-4092 | |
| | Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Se Juvenile Non-Residential Services Intervention/R | valuations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpatier ervices Outpatient - Co-Occurring Treatment; Juvenile Assessmen Education; Juvenile Non-Residential Services Care Monitoring SA ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient | nt - Family; Adult Non-Resid t Services Substance Abus /MH; Juvenile Non-Resider | dential Services se Evaluations; ntial Services |
| | Outpatient Therapy - Individual-Mental Health; C | Dutpatient Therapy including Group Sessions-Mental Health; Outp g; Community Treatment Aide; Assessment: Pre-Treatment Asse | | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; | | | |
| Alexis, Geraldine | Charles Drew Health Center | 2916 Grant Street Omaha NB 68111 | (402)281-4092 | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential Se Services Outpatient - Co-Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Se ducation; Juvenile Non-Residential Services Care Monitoring SA/MH ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient | amily; Adult Non-Resi rvices Substance Abu ; Juvenile Non-Reside | dential Services se Evaluations; ntial Services |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Community Treatment Aide; Assessment: Pre-Treatment Assessm | | |
| Other Services: | Sliding Fee Scale; | | | |
| Alfrey , Kerry | Kerry L Alfrey LLC | 403 Lexington Circle Grand Island NB 68803 | (402)335-7908 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | ces Outpatient - |
| | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Adults who Sexually Harm Evaluation; Outpatient Thera | ару | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Co-occurring; Assessment: Pre- sment: Juvenile Who Sexually Harm Risk Assessment; Assessment: | Treatment Assessmer | |
| Other Services: | | | | |
| Alfrey , Kerry | Kerry L Alfrey LLC | 403 Lexington Circle Grand Island NB 68803 | (402)335-7908 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | ces Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Adults who Sexually Harm Evaluation; Outpatient Thera | apy | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Co-occurring; Assessment: Pre- sment: Juvenile Who Sexually Harm Risk Assessment; Assessment: | Treatment Assessmer | |
| Other Services: | | | | |
| Almquist, Keith | Achievement Counseling Services | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)669-3665 | (402)502-5102 |
| | Groups; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - C | 5 | ring Treatment; Juven | ile Assessment |
| | Pre-Treatment Assessment (bio-psychosocial); C | 0, 1 IV | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Control of the second sec | utpatient Therapy - Co-occurring; Assessment: Pre-Treatment Asses | sment (Medicaid); | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Assessment: Mental Status Exam (MSE); Assess | sment: Co-Occurring | | |
| Almquist, Keith | Achievement Counseling Services | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)669-3665 | (402)502-5102 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; A ent - Individual; Adult Non-Residential Services Outpatient - Co-Occ Non-Residential Services Intervention/Education; Juvenile Non-Re to-Occurring Treatment | urring Treatment; Juv | enile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| | Outpatient Therapy - Individual-Mental Health; O Status Exam (MSE); Assessment: Co-Occurring | utpatient Therapy - Co-occurring; Assessment: Pre-Treatment Asse | essment (Medicaid); A | ssessment: Mental |
| Other Services: | | | | |
| Alterbaum, David | David's House | 1055 N 115th St Suite 302 Omaha NB 68154 | (402)359-7293 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Alterbaum, David | David's House | 1055 N 115th St Suite 302 Omaha NB 68154 | (402)359-7293 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Andersen, Brian | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)614-8444 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Outpatient Therapy | | |
| Other Services: | Sliding Fee Scale; | | | |
| Andersen, Brian | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)614-8444 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Outpatient Therapy | | |
| | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Babutzke, Candace | Alegent Health | 7101 Newport Ave Ste 100 Omaha NB 68152 | (402)572-3337 | (402)339-4358 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien g: Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |
| Other Services: | Sliding Fee Scale; | ,,, | g | |
| Babutzke, Candace | Alegent Health | 7101 Newport Ave Ste 100 Omaha NB 68152 | (402)572-3337 | (402)339-4358 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |
| Other Services: | Sliding Fee Scale; | ,,, | g | |
| 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 Residential Services Intensive Outpatient Treatm | | reatment; Juvenile A | Assessment Services |
| | Co-Occurring; Adults who Sexually Harm Evaluat | | | |
| 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 ant Assessment (Medicaid); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | nt Assessment (Medicaid), Assessment. Co-Occurring | | |
| Bailey, Frank | Oats Bell House LLC | PO Box 11512 Omaha NB 68111 | (402)813-2317 | (402)504-3882 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Bailey, Frank | Bailey Counseling Services | 1941 South 42nd Street Suite 538 Omaha NB 68105 | (402)504-3242 | (402)504-3882 |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Substance Abuse Evaluations; Juvenile Non-Res Residential Services Intensive Outpatient Treatm Co-Occurring; Adults who Sexually Harm Evaluat | ion; Outpatient Therapy | reatment; Juvenile A rices Outpatient - Ind | Assessment Services ividual; Juvenile Non |
| 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: Co-Occurring | | |

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| Name | Agency | Address | Phone | Fax |
| Other Services: | Sliding Fee Scale; | | | |
| Bailey, Frank | Oats Bell House LLC | PO Box 11512 Omaha NB 68111 | (402)813-2317 | (402)504-3882 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Barrett, Sydney | Wait Think Focus Counseling LLC | 7117 Farnam St Suite 15 Omaha NB 68132 | (402)310-6596 | |
| | Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment; Adult Non-Residential S Pre-Treatment Assessment (bio-psychosocial); C | | dult Non-Residential \$ | Services Outpatient |
| Barrett, Sydney | Wait Think Focus Counseling LLC | 7117 Farnam St Suite 15 Omaha NB 68132 | (402)310-6596 | |
| | Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment; Adult Non-Residential S Pre-Treatment Assessment (bio-psychosocial); C | | dult Non-Residential S | Services Outpatient |
| 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 Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | valuations; Adult Non-Residential Services Intervention/Education; A es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential e Evaluations; Juvenile Non-Residential Services Intervention/Educa al Services Outpatient - Groups; Juvenile Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatment | - Family; Adult Non-Re Services Intensive Ou ation; Juvenile Non-Re Outpatient - Family; J | esidential Services tpatient Treatment esidential Services |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M | batient Therapy - Individual-Mental Health; Outpatient Therapy includ lental Health; Outpatient Therapy - Eating Disorder; Outpatient Ther ensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Asses ISE); Assessment: Co-Occurring | apy - Co-occurring; In | tensive Outpatient |
| Other Services: | Sliding Fee Scale; | - | | |

| Name | Agency | Address | Phone | Fax |
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| Barrett-McClendon, | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (888)405-8738 | (402)817-4894 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | aluations; Adult Non-Residential Services Intervention/Education; Ad is Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se Evaluations; Juvenile Non-Residential Services Intervention/Education I Services Outpatient - Groups; Juvenile Non-Residential Services O nile Non-Residential Services Outpatient - Co-Occurring Treatment | amily; Adult Non-Re arvices Intensive Out on; Juvenile Non-Re | sidential Services patient Treatment; sidential Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| | 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 includir ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assess SE); Assessment: Co-Occurring | y - Co-occurring; Int | ensive 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 Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Resider Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juver ntial Services Outpat | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid) | tpatient Therapy including Family Sessions-Mental Health; Outpatien | nt Therapy - Co-occu | irring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Batter, Sara | | 9239 W Center Rd #223 Omaha NB 68124 | (402)932-6643 | (402)614-3414 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Resider Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juver ntial Services Outpat | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| | Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpatien | nt Therapy - Co-occu | ırring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |

| 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; Ad tient - Co-Occurring Treatment; Juvenile Assessment Services Subst enile Non-Residential Services Outpatient - Individual; Juvenile Non-F | ance Abuse Evaluati | ons; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| | Outpatient Therapy - Individual-Mental Health; Or Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier | t Therapy including | Family Sessions- |
| Other Services: | | | | |
| Baul-Pinson, Doraine | | 1941 S. 42nd Street Suite 426 Omaha NB 68105 | (402)514-7613 | (402)905-4726 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | raluations; 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 Evaluati | ons; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| Other Services: | ······································ | | | |
| Beaugard, Jessie | Affinity Community Counseling | 5701 Thompson Creek Blvd, Suite 202 Lincoln NB 68516 | (402)827-7652 | (402)827-7654 |
| | | | | (402)021-7034 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad | ult Non-Residential S | () |
| Substance Abuse Services: Mental Health Services: | Individual | aluations; Adult Non-Residential Services Intervention/Education; Ad | ult Non-Residential S | () |
| | Individual | aluations; Adult Non-Residential Services Intervention/Education; Ad | ult Non-Residential S | () |
| Mental Health Services: | Individual | aluations; Adult Non-Residential Services Intervention/Education; Ad | ult Non-Residential S | () |
| Mental Health Services: Juvenile Services: | Individual | aluations; Adult Non-Residential Services Intervention/Education; Ad | ult Non-Residential S (402)827-7652 | () |
| Mental Health Services: Juvenile Services: Other Services: Beaugard, Jessie | Individual Outpatient Therapy Affinity Community Counseling | | (402)827-7652 | Gervices Outpatient (402)827-7654 |
| Mental Health Services: Juvenile Services: Other Services: Beaugard, Jessie | Individual Outpatient Therapy Affinity Community Counseling Adult Assessment Services Substance Abuse Ev Individual | 5701 Thompson Creek Blvd, Suite 202 Lincoln NB 68516 | (402)827-7652 | Gervices Outpatient (402)827-7654 |
| Mental Health Services: Juvenile Services: Other Services: Beaugard, Jessie Substance Abuse Services: | Individual Outpatient Therapy Affinity Community Counseling Adult Assessment Services Substance Abuse Ev Individual | 5701 Thompson Creek Blvd, Suite 202 Lincoln NB 68516 | (402)827-7652 | Gervices Outpatient (402)827-7654 |

| Name | Agency | Address | Phone | Fax |
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| Beck, Lori | Stephen Center | 2723 Q Street Omaha NB 68107 | (402)715-5480 | |
| Substance Abuse Services: Mental Health Services: | Occurring Treatment; Adult Non-Residential Services Short Term Residential | ps; Adult Non-Residential Services Outpatient - Individual; Adu ices Intensive Outpatient Treatment; Adult Residential Services | | |
| Juvenile Services: | Outpatient merapy | | | |
| Other Services: | | | | |
| Beck, Lori | Stephen Center | 2723 Q Street Omaha NB 68107 | (402)715-5480 | |
| Substance Abuse Services: | | Ips; Adult Non-Residential Services Outpatient - Individual; Adu ices Intensive Outpatient Treatment; Adult Residential Services | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Bell, Antoinette | New Balance Counseling | 6415 Ames Ave Suite B Omaha NB 68104 | (402)709-9849 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education nt - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Juvenile Assessment 3 5 Juvenile Non-Residential Services Outpatient - Groups; Juven idividual; Juvenile Non-Residential Services Outpatient - Co-Oc | ual; Adult Non-Residential Se Services Substance Abuse E ile Non-Residential Services | ervices Outpatient - valuations; Juvenil Outpatient - Family |
| Mental Health Services: | | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessmen | t (bio-psychosocial); Co-Occ | urring; Outpatient |
| Juvenile Services: | | y-Mental Health; Intensive Outpatient: Intensive Outpatient The tus Exam (MSE) | erapy-Co-occurring; Assessm | ent: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Bell, Antoinette | New Balance Counseling | 6415 Ames Ave Suite B Omaha NB 68104 | (402)709-9849 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education nt - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Juvenile Assessment 5 Juvenile Non-Residential Services Outpatient - Groups; Juven Idividual; Juvenile Non-Residential Services Outpatient - Co-Oc | ual; Adult Non-Residential Se Services Substance Abuse E ile Non-Residential Services curring Treatment; Juvenile | ervices Outpatient - valuations; Juvenile Outpatient - Family Non-Residential |
| | Therapy; Mental Health Intensive Management | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessmen | | |
| | Assessment (Medicaid); Assessment: Mental Sta | y-Mental Health; Intensive Outpatient: Intensive Outpatient The tus Exam (MSE) | erapy-Co-occurring; Assessm | ent: Pre-Treatmen |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---|
| 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 Evaluati | ons | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie ient: Mental Status Exam (MSE); Assessment: Co-Occurring | ent Therapy - Co-occur | rring; Assessment: |
| Other Services: | rie-freatment Assessment (medicald), Assessm | | | |
| 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 Evaluati | ons | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie ient: Mental Status Exam (MSE); Assessment: Co-Occurring | ent Therapy - Co-occu | rring; Assessment: |
| Other Services: | | | | |
| Bendy, Laurie | | 11840 Nicholas Street, Suite 200 Omaha NB 68154 | (402)807-2569 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur | | vices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | 0 | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Bendy, Laurie | | 11840 Nicholas Street, Suite 200 Omaha NB 68154 | (402)807-2569 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur | | vices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | 0 | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Bernard, David | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servi ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | Adult Non-Residential S ces Substance Abuse on-Residential Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatie | nt Therapy including F | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Bernard, David | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family; |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: Other Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incluental Health; Intensive Outpatient: Intensive Outpatient Therapy-Ment | | ns-Mental Health; |
| Other Services. | | | | |
| Bernard, David | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non idividual; Juvenile Non-Residential Services Outpatient - Co-Occurring aco-Occurring: Outpatient Therapy | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family; |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatien | t Therapy including | Family Sessions- |
| | Mental Health; Outpatient Therapy - Co-occurring | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Bernard, David | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family; |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incluental Health; Intensive Outpatient: Intensive Outpatient Therapy-Ment | | ns-Mental Health; |
| Other Services: | | | | |
| Bernthaler, Beth | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8509 | (402)455-7050 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri esidential Services Therapeutic Community; Juvenile Assessment Services; Juvenile Non-Residential Services Outpatient - Family; Juveni tpatient - Co-Occurring | ng Treatment; Adult ervices Substance Al | Non-Residential buse Evaluations; |

| Name | Agency | Address | Phone | Fax |
|---|---|--|--|---|
| | Treatment; Juvenile Non-Residential Services Int Residential Services Short Term Residential Pre-Treatment Assessment (bio-psychosocial); C Psychiatric Residential Treatment Facility; Asses | | -House or SA Group | Home; Juvenile |
| | Hearing Impaired; Bilingual Services; | | | |
| Bernthaler, Beth | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8509 | (402)455-7050 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Juvenile Non-Residential Services Outpatient - G Individual; Juvenile Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur esidential Services Therapeutic Community; Juvenile Assessment S iroups; Juvenile Non-Residential Services Outpatient - Family; Juver tpatient - Co-Occurring Treatment; Juvenile Non-Residential Service o Home; Juvenile Residential Services Short Term Residential | ring Treatment; Adul Services Substance A hile Non-Residential S | t Non-Residential buse Evaluations; Services Outpatient |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility; Asses | sment: Pre-Treatment Assessment (Medicaid) | | |
| Other Services: | Hearing Impaired; Bilingual Services; | | | |
| Berry, Nickole | Team Inc | 4401 N 21st St Omaha NB 68110 | (402)451-5549 | (402)991-0777 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | eatment: Intensive Family Preservation; Non-Treatment: Anger Mana uding Group Sessions-Mental Health; Outpatient Therapy including I Health | | |
| Other Services: | | | | |
| Berry, Nickole | Team Inc | 4401 N 21st St Omaha NB 68110 | (402)451-5549 | (402)991-0777 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | eatment: Intensive Family Preservation; Non-Treatment: Anger Mana uding Group Sessions-Mental Health; Outpatient Therapy including I Health | | |
| Other Services: | | | | |
| Berry, Shane | Continuum Counseling and Consultants, LLC | 12020 Shamrock Plaza Suite 200 Omaha NB 68154 | (402)522-6570 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu | | Services Outpatient |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|--|
| Other Services: | | | | |
| Berry, Shane | Continuum Counseling and Consultants, LLC | 12020 Shamrock Plaza Suite 200 Omaha NB 68154 | (402)522-6570 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; A nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu | | rvices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other 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 | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Se venile Non-Residential Services Outpatient - Family; Juvenile Non- o-Occurring Treatment | Adult Non-Residential S rvices Intervention/Edu | ervices Outpatient - cation; Juvenile |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Therapy - Co-occurring; Assessment: Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpation | ent Therapy - Eating Dis | sorder; Outpatient |
| Other Services: | Sliding Fee Scale; | | | |
| 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 | | Adult Non-Residential S | ervices Outpatient - cation; Juvenile |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatie | ent Therapy - Eating Dis | sorder; Outpatient |
| Other Services: | Sliding Fee Scale; | "9 | | |
| Biniamow, Judi | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)964-2092 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu | | ces Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|--|---|--|--------------------------------|--------------------|
| Biniamow, Judi | | 1330 So. 156th Court #101 Omaha NB 68130 | (402)321-1956 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex Co-Occurring Treatment | valuations; Adult Non-Residential Services Outpatient - Individu | ual; Adult Non-Residential Ser | vices Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Biniamow, Judi | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)964-2092 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Groups nt - Individual; Adult Non-Residential Services Outpatient - Co- | | ces Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | Occurring mealment | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Biniamow, Judi | | 1330 So. 156th Court #101 Omaha NB 68130 | (402)321-1956 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex Co-Occurring Treatment | valuations; Adult Non-Residential Services Outpatient - Individu | ual; Adult Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Blake, Elizabeth | Wait Think Focus Counseling LLC | 7117 Farnam St Suite 15 Omaha NB 68132 | (402)590-5553 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Educat ent - Individual; Adult Non-Residential Services Outpatient - Co | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Blake, Elizabeth | Wait Think Focus Counseling LLC | 7117 Farnam St Suite 15 Omaha NB 68132 | (402)590-5553 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Educat ent - Individual; Adult Non-Residential Services Outpatient - Co | | |
| Mental Health Services: | Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); O | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
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| 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 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Serv Ivenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | dult Non-Residential vices Intervention/Ec | Services Outpatient |
| Mental Health Services: | | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- | psychosocial); Co-C | occurring; Outpatient |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou 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; | | | |
| Borer, Kersten | Kersten Borer LLC | 7602 Pacific St Ste 304 Omaha NB 68114 | (402)515-5383 | (402)933-6447 |
| Juvenile Services: | Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- utpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurrin | vices Intervention/Ec esidential Services (psychosocial); Co-C | lucation; Juvenile Dutpatient - Individua occurring; Outpatient |
| Borrenpohl, Jennifer | Willow Psychotherapy | 2120 S 56th Street Suite 206 Lincoln NB 68506 | (402)335-7752 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | | | | |
| Other Services. | Sliding Fee Scale; | | | |
| Borrenpohl, Jennifer | Willow Psychotherapy | 2120 S 56th Street Suite 206 Lincoln NB 68506 | (402)335-7752 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy | | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Braimah, Rafiu | Alpha Life Improvement Services | 1905 Harney street, suite 710 Omaha NB 68102 | (402)515-4874 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | Dutpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Co | ommunity Treatment Aide; Assessment: Pre-Treatment Assessme | ent (Medicaid) | |
| Other Services: | | | | |
| Braimah, Rafiu | Alpha Life Improvement Services | 1905 Harney street, suite 710 Omaha NB 68102 | (402)515-4874 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Co | ommunity Treatment Aide; Assessment: Pre-Treatment Assessme | ent (Medicaid) | |
| Other Services: | | | | |
| Braun, Diane | Braun Counseling Services, LLC | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)980-7600 | (402)502-5102 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | raluations; Adult Non-Residential Services Intervention/Education; ant - Family; Adult Non-Residential Services Outpatient - Individua | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| | | | | |
| Braun, Diane | Braun Counseling Services, LLC | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)980-7600 | (402)502-5102 |
| Braun, Diane | Braun Counseling Services, LLC Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie | 8031 W Center Rd Suite 324 Omaha NB 68124 aluations; Adult Non-Residential Services Intervention/Education; int - Family; Adult Non-Residential Services Outpatient - Individua | Adult Non-Residential | Services Outpatient - |
| Braun, Diane Substance Abuse Services: | Braun Counseling Services, LLC Adult Assessment Services Substance Abuse Ev | raluations; Adult Non-Residential Services Intervention/Education; int - Family; Adult Non-Residential Services Outpatient - Individua | Adult Non-Residential | Services Outpatient - |
| Braun, Diane Substance Abuse Services: | Braun Counseling Services, LLC Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | raluations; Adult Non-Residential Services Intervention/Education; int - Family; Adult Non-Residential Services Outpatient - Individua | Adult Non-Residential | Services Outpatient - |
| Braun, Diane Substance Abuse Services: Mental Health Services: | Braun Counseling Services, LLC Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | raluations; Adult Non-Residential Services Intervention/Education; int - Family; Adult Non-Residential Services Outpatient - Individua | Adult Non-Residential | Services Outpatient - |
| Braun, Diane Substance Abuse Services: Mental Health Services: Juvenile Services: | Braun Counseling Services, LLC Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | raluations; Adult Non-Residential Services Intervention/Education; int - Family; Adult Non-Residential Services Outpatient - Individua | Adult Non-Residential | Services Outpatient - |
| Braun, Diane Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Braun Counseling Services, LLC Adult Assessment Services Substance Abuse Ev. Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C Robert Broekemeier Counseling LLC Adult Assessment Services Substance Abuse Ev. Family; Adult Non-Residential Services Outpatien | Paluations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual Co-Occurring; Outpatient Therapy 268 N 115th St Suite 1 Omaha NB 68154 Paluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occ Non-Residential Services Outpatient - Co-Occ | Adult Non-Residential ; Adult Non-Residential (402)965-1564 dult Non-Residential Se curring Treatment; Juve | (402)260-7125 rvices Outpatient - nile Assessment |
| Braun, Diane Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Broekemeier, Robert Substance Abuse Services: | Braun Counseling Services, LLC Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C Robert Broekemeier Counseling LLC Adult Assessment Services Substance Abuse Ex Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | Paluations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual Co-Occurring; Outpatient Therapy 268 N 115th St Suite 1 Omaha NB 68154 Paluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occ Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-Occ | Adult Non-Residential ; Adult Non-Residential (402)965-1564 dult Non-Residential Se curring Treatment; Juve | (402)260-7125 rvices Outpatient - nile Assessment |

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| Name | Agency | Address | Phone | Fax |
| Broekemeier, Robert | Robert Broekemeier Counseling LLC | 268 N 115th St Suite 1 Omaha NB 68154 | (402)965-1564 | (402)260-7125 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Family; Juvenile Non-Resider o-Occurring Treatment | ing Treatment; Juve | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | 5 | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Contemport | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occi | urring |
| Other Services: | | | | |
| Brotherton, Grace Lyne | Siena Francis House | 1702 Nicholas Street Omaha NB 68106 | (402)341-1128 | (402)341-5270 |
| | | aluations; Adult Non-Residential Services Intervention/Education; Ad Residential; Juvenile Non-Residential Services Outpatient - Individual Outpatient Therapy | ult Non-Residential | Services Outpatient - |
| Brotherton, Grace Lyne | Siena Francis House | 1702 Nicholas Street Omaha NB 68106 | (402)341-1128 | (402)341-5270 |
| | | aluations; Adult Non-Residential Services Intervention/Education; Ad Residential; Juvenile Non-Residential Services Outpatient - Individual Outpatient Therapy | ult Non-Residential | Services Outpatient - |
| Bruce, Ramanda | Aspirations Counseling | 1941 S 42nd St Suite 528 Omaha NB 68105 | (402)880-5253 | |
| Substance Abuse Services: | Maintenance; Adult Non-Residential Services Ou | aluations; Adult Non-Residential Services Intervention/Education; Ad tpatient - Groups; Adult Non-Residential Services Outpatient - Family vices Intensive Outpatient Treatment; Adult Non-Residential Service | ; Adult Non-Resider | |
| | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Bruce, Ramanda | Aspirations Counseling | 1941 S 42nd St Suite 528 Omaha NB 68105 | (402)880-5253 | |
| Substance Abuse Services: | Maintenance; Adult Non-Residential Services Ou | aluations; Adult Non-Residential Services Intervention/Education; Ad tpatient - Groups; Adult Non-Residential Services Outpatient - Family rvices Intensive Outpatient Treatment; Adult Non-Residential Service | ; Adult Non-Resider | |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; | | | |
| Campbell, Reed C. | | 11069 I St Omaha NB 68137 | (402)993-4411 | (888)507-5931 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient e Evaluations; Juven es Outpatient - Fami |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier y; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | |
| Other Services: | Sliding Fee Scale; | | | |
| Campbell, Reed C. | | 11069 I St Omaha NB 68137 | (402)993-4411 | (888)507-5931 |
| Mental Health Services: | Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | 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 o-Occurring; Outpatient Therapy | es Substance Abusen-Residential Servic | e Evaluations; Juven es Outpatient - Fami |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatier); Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | |
| Carlson, Scott | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)658-3737 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy | | | |
| Other Services: | | | | |
| Other Services: Carlson, Scott | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)658-3737 | |

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

| Name | Agency | Address | Phone | Fax |
|--|---|--|---|---|
| Carrison, Vanessa | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)853-7898 | |
| | Groups; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juvenile Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Re | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Co-Occurring e Assessment Services Substance Abuse Evaluations; Juvenile Non- Services Outpatient - Groups; Juvenile Non-Residential Services Ou sidential Services Outpatient - Co-Occurring Treatment | g Treatment; Adult No Residential Services | on-Residential |
| Mental Health Services: 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 | | |
| Other Services: | Bilingual Services; | | | |
| Carrison, Vanessa | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)853-7898 | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juvenile Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Re | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Co-Occurring e Assessment Services Substance Abuse Evaluations; Juvenile Non- Services Outpatient - Groups; Juvenile Non-Residential Services Ou sidential Services Outpatient - Co-Occurring Treatment | g Treatment; Adult No Residential Services | on-Residential |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatier ;; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | | |
| Other Services. | Bilingual Services; | | | |
| Carter, Alyson | Lutheran Family Services of NE Inc | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)292-9105 | (402)292-0342 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient Evaluations; Juveni es Outpatient - Famil |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier ;; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | | |
| Other Services | Cliding For Cooley Bilingwel Consistent | | | |

Other Services: Sliding Fee Scale; Bilingual Services;

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

| Name | Agency | Address | Phone | Fax |
|---|--|--|--|--|
| Carter, Alyson | Lutheran Family Services of NE Inc | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)292-9105 | (402)292-0342 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education; Ad ant - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin Co-Occurring; Outpatient Therapy | dult Non-Residentia es Substance Abus n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Cave, Korina | Lutheran Family Services of NE Inc | 1420 E Military Ave Fremont NB 68025 | (402)721-1774 | (402)721-9689 |
| | Groups; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Individual; Adult Non-Residential Services Outpatient - Co-Occur | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services. | Sliding Fee Scale; | | | |
| Cave, Korina | Lutheran Family Services of NE Inc | 1420 E Military Ave Fremont NB 68025 | (402)721-1774 | (402)721-9689 |
| | | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Individual; Adult Non-Residential Services Outpatient - Co-Occur | | |
| Juvenile Services: | | o coouring, carpanon morapy | | |
| Other Services: | Sliding Fee Scale; | | | |
| Chohon, Allen | Alegent Health | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130 | (402)758-5883 | (402)758-5855 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juve ntial Services Outpa | nile Assessment |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Crisis Phone Line; Emergency Medical Health Evaluation | on; Outpatient Thera | ру |
| Other Services: | No Voucher Acceptance; | | | |

| Name | Agency | Address | Phone | Fax |
|---|---|--|---|-----------------|
| Chohon, Allen | Alegent Health | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130 | (402)758-5883 | (402)758-5855 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juve ntial Services Outpa | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Crisis Phone Line; Emergency Medical Health Evaluation | on; Outpatient Thera | ру |
| Juvenile Services: | | | | |
| Other Services: | No Voucher Acceptance; | | | |
| Clark, Cristian "Kat" | CenterPointe | 1490 N 16th St Omaha NB 68102 | (402)827-0570 | (402)827-0580 |
| | Adult Assessment Services Substance Abuse Ev Residential; Adult Residential Services Short Ter Pre-Treatment Assessment (bio-psychosocial); C | | t Residential Service | es Extended |
| Juvenile Services: | | , , , , , , , , , , , , , , , , , , , | | |
| Other Services: | Sliding Fee Scale; | | | |
| Clark, Cristian "Kat" | CenterPointe | 1490 N 16th St Omaha NB 68102 | (402)827-0570 | (402)827-0580 |
| Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev Residential; Adult Residential Services Short Ter Pre-Treatment Assessment (bio-psychosocial); C Sliding Fee Scale; | | t Residential Servic | es Extended |
| Clark, Stephanie | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)707-9050 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Clark, Stephanie | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)707-9050 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |

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| Name | Agency | Address | Phone | Fax |
| Colon, Legna | Goodwill Industries Omaha | 4805 N 72nd St Omaha NB 68134 | (402)201-5231 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Colon, Legna | Goodwill Industries Omaha | 4805 N 72nd St Omaha NB 68134 | (402)201-5231 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Cook, Count | Confidential Counseling & Consulting C/O Count Cook | 1941 S 42nd St Suite 110 Omaha NB 68105 | (402)457-5761 | |
| | | | | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intens | valuations; Adult Non-Residential Services Outpatient - Group ive Outpatient Treatment; Juvenile Non-Residential Services idential Services Outpatient - Individual; Juvenile Non-Reside | Intervention/Education; Juvenil | e Non-Resident |
| | Individual; Adult Non-Residential Services Intens | sive Outpatient Treatment; Juvenile Non-Residential Services idential Services Outpatient - Individual; Juvenile Non-Reside | Intervention/Education; Juvenil | e Non-Resident |
| Mental Health Services: | Individual; Adult Non-Residential Services Intens Services Outpatient - Groups; Juvenile Non-Resi Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O | vive Outpatient Treatment; Juvenile Non-Residential Services idential Services Outpatient - Individual; Juvenile Non-Reside Dutpatient Therapy utpatient Therapy including Group Sessions-Mental Health; (| Intervention/Education; Juvenil ential Services Intensive Outpati | e Non-Resident ent Treatment |
| Mental Health Services: Juvenile Services: | Individual; Adult Non-Residential Services Intens Services Outpatient - Groups; Juvenile Non-Resi Pre-Treatment Assessment (bio-psychosocial); C | vive Outpatient Treatment; Juvenile Non-Residential Services idential Services Outpatient - Individual; Juvenile Non-Reside Dutpatient Therapy utpatient Therapy including Group Sessions-Mental Health; (| Intervention/Education; Juvenil ential Services Intensive Outpati | e Non-Resident ent Treatment |
| Mental Health Services: Juvenile Services: | Individual; Adult Non-Residential Services Intens Services Outpatient - Groups; Juvenile Non-Resi Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O Mental Health; Assessment: Pre-Treatment Asse Sliding Fee Scale; | vive Outpatient Treatment; Juvenile Non-Residential Services idential Services Outpatient - Individual; Juvenile Non-Reside Dutpatient Therapy utpatient Therapy including Group Sessions-Mental Health; (| Intervention/Education; Juvenil ential Services Intensive Outpati | e Non-Resident ent Treatment |
| Mental Health Services: Juvenile Services: Other Services: Cook, Count | Individual; Adult Non-Residential Services Intens Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O Mental Health; Assessment: Pre-Treatment Asses Sliding Fee Scale; Confidential Counseling & Consulting C/O Count Cook Adult Assessment Services Substance Abuse Ex Individual; Adult Non-Residential Services Intens | vive Outpatient Treatment; Juvenile Non-Residential Services idential Services Outpatient - Individual; Juvenile Non-Reside Dutpatient Therapy utpatient Therapy including Group Sessions-Mental Health; (assment (Medicaid) | Intervention/Education; Juvenil ential Services Intensive Outpati Outpatient Therapy including Fa (402)457-5761 ps; Adult Non-Residential Servic Intervention/Education; Juvenil | e Non-Resident ent Treatment mily Sessions- es Outpatient - e Non-Resident |
| Mental Health Services: Juvenile Services: Other Services: Cook, Count Substance Abuse Services: | Individual; Adult Non-Residential Services Intens Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O Mental Health; Assessment: Pre-Treatment Asses Sliding Fee Scale; Confidential Counseling & Consulting C/O Count Cook Adult Assessment Services Substance Abuse Ex Individual; Adult Non-Residential Services Intens | Sive Outpatient Treatment; Juvenile Non-Residential Services Services Outpatient - Individual; Juvenile Non-Reside Dutpatient Therapy Sessment (Medicaid) 1941 S 42nd St Suite 110 Omaha NB 68105 valuations; Adult Non-Residential Services Outpatient - Group Sevice Outpatient Treatment; Juvenile Non-Residential Services | Intervention/Education; Juvenil ential Services Intensive Outpati Outpatient Therapy including Fa (402)457-5761 ps; Adult Non-Residential Servic Intervention/Education; Juvenil | e Non-Resident ent Treatment mily Sessions- es Outpatient - e Non-Resident |
| Mental Health Services: Juvenile Services: Other Services: Cook, Count Substance Abuse Services: Mental Health Services: | Individual; Adult Non-Residential Services Intens Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Therapy - Individual-Mental Health; O Mental Health; Assessment: Pre-Treatment Asses Sliding Fee Scale; Confidential Counseling & Consulting C/O Count Cook Adult Assessment Services Substance Abuse Ex Individual; Adult Non-Residential Services Intens Services Outpatient - Groups; Juvenile Non-Residential Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O | Sive Outpatient Treatment; Juvenile Non-Residential Services Services Outpatient - Individual; Juvenile Non-Reside Dutpatient Therapy Sessment (Medicaid) 1941 S 42nd St Suite 110 Omaha NB 68105 valuations; Adult Non-Residential Services Outpatient - Group Sive Outpatient Treatment; Juvenile Non-Residential Services Sessment Treatment; Juvenile Non-Residential Services Sessment Treatment; Juvenile Non-Residential Services Sessment Treatment; Juvenile Non-Residential Services Services Outpatient - Individual; Juvenile Non-Residential Services Services Outpatient - Individual; Juvenile Non-Residential Services Setting Therapy Setting Therapy | Intervention/Education; Juvenil ential Services Intensive Outpati Outpatient Therapy including Fa (402)457-5761 ps; Adult Non-Residential Servic Intervention/Education; Juvenil ential Services Intensive Outpati | e Non-Resident ent Treatment mily Sessions- es Outpatient - e Non-Resident ent Treatment |
| Mental Health Services: Juvenile Services: Other Services: Cook, Count Substance Abuse Services: Mental Health Services: Juvenile Services: | Individual; Adult Non-Residential Services Intens Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Therapy - Individual-Mental Health; O Mental Health; Assessment: Pre-Treatment Asses Sliding Fee Scale; Confidential Counseling & Consulting C/O Count Cook Adult Assessment Services Substance Abuse Ex Individual; Adult Non-Residential Services Intens Services Outpatient - Groups; Juvenile Non-Residential; O | Sive Outpatient Treatment; Juvenile Non-Residential Services Services Outpatient - Individual; Juvenile Non-Reside Dutpatient Therapy Sessment (Medicaid) 1941 S 42nd St Suite 110 Omaha NB 68105 valuations; Adult Non-Residential Services Outpatient - Group Sive Outpatient Treatment; Juvenile Non-Residential Services Sessment Treatment; Juvenile Non-Residential Services Sessment Treatment; Juvenile Non-Residential Services Sessment Treatment; Juvenile Non-Residential Services Services Outpatient - Individual; Juvenile Non-Residential Services Services Outpatient - Individual; Juvenile Non-Residential Services Setting Therapy Setting Therapy | Intervention/Education; Juvenil ential Services Intensive Outpati Outpatient Therapy including Fa (402)457-5761 ps; Adult Non-Residential Servic Intervention/Education; Juvenil ential Services Intensive Outpati | e Non-Resident ent Treatment mily Sessions- es Outpatient - e Non-Resident ent Treatment |
| Mental Health Services: Juvenile Services: Other Services: Cook, Count Substance Abuse Services: Mental Health Services: Juvenile Services: | Individual; Adult Non-Residential Services Intens Services Outpatient - Groups; Juvenile Non-Residential Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O Mental Health; Assessment: Pre-Treatment Asses Sliding Fee Scale; Confidential Counseling & Consulting C/O Count Cook Adult Assessment Services Substance Abuse Ex Individual; Adult Non-Residential Services Intens Services Outpatient - Groups; Juvenile Non-Residential Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O Mental Health; Assessment: Pre-Treatment Assessment | Sive Outpatient Treatment; Juvenile Non-Residential Services Services Outpatient - Individual; Juvenile Non-Reside Dutpatient Therapy Sessment (Medicaid) 1941 S 42nd St Suite 110 Omaha NB 68105 valuations; Adult Non-Residential Services Outpatient - Group Sive Outpatient Treatment; Juvenile Non-Residential Services Sessment Treatment; Juvenile Non-Residential Services Sessment Treatment; Juvenile Non-Residential Services Sessment Treatment; Juvenile Non-Residential Services Services Outpatient - Individual; Juvenile Non-Residential Services Services Outpatient - Individual; Juvenile Non-Residential Services Setting Therapy Setting Therapy | Intervention/Education; Juvenil ential Services Intensive Outpati Outpatient Therapy including Fa (402)457-5761 ps; Adult Non-Residential Servic Intervention/Education; Juvenil ential Services Intensive Outpati | e Non-Resident ent Treatment mily Sessions- es Outpatient - e Non-Resident ent Treatment |
| Mental Health Services: Juvenile Services: Other Services: Cook, Count Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Individual; Adult Non-Residential Services Intens Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Therapy - Individual-Mental Health; O Mental Health; Assessment: Pre-Treatment Asses Sliding Fee Scale; Confidential Counseling & Consulting C/O Count Cook Adult Assessment Services Substance Abuse Ex Individual; Adult Non-Residential Services Intens Services Outpatient - Groups; Juvenile Non-Residential Pre-Treatment Assessment (bio-psychosocial); O Outpatient Therapy - Individual-Mental Health; O Mental Health; Assessment: Pre-Treatment Asses Sliding Fee Scale; McCullough Counseling & Recovery LLC Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatier | Sive Outpatient Treatment; Juvenile Non-Residential Services idential Services Outpatient - Individual; Juvenile Non-Reside Dutpatient Therapy utpatient Therapy including Group Sessions-Mental Health; (assment (Medicaid) 1941 S 42nd St Suite 110 Omaha NB 68105 valuations; Adult Non-Residential Services Outpatient - Group sive Outpatient Treatment; Juvenile Non-Residential Services idential Services Outpatient - Individual; Juvenile Non-Residential Dutpatient Therapy utpatient Therapy Outpatient Therapy Outpatient Therapy Outpatient Therapy including Group Sessions-Mental Health; Gessment (Medicaid) | Intervention/Education; Juvenil ential Services Intensive Outpati Outpatient Therapy including Fa (402)457-5761 ps; Adult Non-Residential Servic Intervention/Education; Juvenil ential Services Intensive Outpati Outpatient Therapy including Fa (402)510-2733 ation; Adult Non-Residential Ser | e Non-Resident ent Treatment mily Sessions- e Non-Resident ent Treatment mily Sessions- |
| Mental Health Services: Juvenile Services: Other Services: Cook, Count Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Individual; Adult Non-Residential Services Intens Services Outpatient - Groups; Juvenile Non-Residential Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O Mental Health; Assessment: Pre-Treatment Asses Sliding Fee Scale; Confidential Counseling & Consulting C/O Count Cook Adult Assessment Services Substance Abuse Ex Individual; Adult Non-Residential Services Intens Services Outpatient - Groups; Juvenile Non-Residential Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O Mental Health; Assessment: Pre-Treatment Asses Sliding Fee Scale; McCullough Counseling & Recovery LLC Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatier Outpatient Treatment | Sive Outpatient Treatment; Juvenile Non-Residential Services Sidential Services Outpatient - Individual; Juvenile Non-Reside Dutpatient Therapy Sutpatient Therapy including Group Sessions-Mental Health; (Sessment (Medicaid) 1941 S 42nd St Suite 110 Omaha NB 68105 valuations; Adult Non-Residential Services Outpatient - Group Sessment Therapy Sutpatient Treatment; Juvenile Non-Residential Services Outpatient Treatment; Juvenile Non-Residential Services Outpatient Therapy Sessment (Medicaid) Sessment Therapy Sessment (Medicaid) Sessment (Medicaid) Sessment (Medicaid) | Intervention/Education; Juvenil ential Services Intensive Outpati Outpatient Therapy including Fa (402)457-5761 ps; Adult Non-Residential Servic Intervention/Education; Juvenil ential Services Intensive Outpati Outpatient Therapy including Fa (402)510-2733 ation; Adult Non-Residential Ser | e Non-Resident ent Treatment mily Sessions- e Non-Resident ent Treatment mily Sessions- |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; | | | |
| Cook, Von | McCullough Counseling & Recovery LLC | 6572 Ames Ave Ste C Omaha NB 68104 | (402)510-2733 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Edu ent - Family; Adult Non-Residential Services Outpatient - In | , | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Cornelius, Dawn | Our Square LLC | 6120 Sprague St Omaha NB 68104 | (402)257-1122 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| 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 Ser Residential Services Outpatient - Groups; Juven Juvenile Non-Residential Services Intensive Out | valuations; Adult Non-Residential Services Intervention/Edu ent - Family; Adult Non-Residential Services Outpatient - In vices Substance Abuse Evaluations; Juvenile Non-Resider ile Non-Residential Services Outpatient - Family; Juvenile I patient Treatment | dividual; Adult Non-Residential S tial Services Intervention/Educati | ervices Intensiv on; Juvenile No |
| | Non-Treatment: Family Support Worker; Non-Tr | eatment: Anger Management Class; Non-Treatment: Gene | ral Education Class; Non-Treatme | ent: Employmer |
| Other Services: | Placement Program; Non-Treatment: Family Pa Bilingual Services; | rtner | | |
| Cornelius, Dawn | Our Square LLC | 6120 Sprague St Omaha NB 68104 | (402)257-1122 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Cornelius, Dawn | All Communities Outreach Services | 112 E Mission Ave Bellevue NB 68005 | (402)257-1122 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Edu ent - Family; Adult Non-Residential Services Outpatient - In | dividual; Adult Non-Residential S | ervices Intensiv |

| Name | Agency | Address | Phone | Fax |
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| | Placement Program; Non-Treatment: Family Par | eatment: Anger Management Class; Non-Treatment: General Educa tner | tion Class; Non-Treat | ment: Employment |
| Other Services: | Bilingual Services; | | | |
| Corrado, Michael | MAK Development (Michael's House) | 9007 F St Omaha NB 68127 | (402)917-0926 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Hearing Impaired; | | | |
| Corrado, Michael | MAK Development (Michael's House) | 9007 F St Omaha NB 68127 | (402)917-0926 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Hearing Impaired; | | | |
| Cottam, Glenda | Cottam Psychological Services | 2730 S 87th Ave Omaha NB 68124-3045 | (402)331-8085 | (402)331-8265 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); F | Psychological Evaluation; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | outpatient Therapy including Family Sessions-Mental Health; Assess | ment: Psychological I | Evaluation |
| Other Services: | | | | |
| Cottam, Glenda | Cottam Psychological Services | 2730 S 87th Ave Omaha NB 68124-3045 | (402)331-8085 | (402)331-8265 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); F | Psychological Evaluation; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | outpatient Therapy including Family Sessions-Mental Health; Assess | ment: Psychological I | Evaluation |
| Other Services: | | | | |
| Crum, Arianna | | 11605 Arbor Street Omaha NB 68114 | (402)577-0736 | |
| Substance Abuse Services: | | | · · | |
| | Pre-Treatment Assessment (bio-psychosocial); (| Dutpatient Therapy | | |
| | | outpatient Therapy including Group Sessions-Mental Health; Outpatie | ent Therapy including | Family Sessions- |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Crum, Arianna | | 11605 Arbor Street Omaha NB 68114 | (402)577-0736 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | utpatient Therapy | | |
| Juvenile Services: | 1 12 2 | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| Other Services: | Mental Health | | | |
| Davis, Linda | New Beginnings House | 5008 N 60th Ave Omaha NB 68104 | (402)850-4271 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Davis, Linda | New Beginnings House | 5008 N 60th Ave Omaha NB 68104 | (402)850-4271 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| DeLaet, Theodore | Theodore J. DeLaet, PhD, PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | nile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment A | ssessment (bio-psy | chosocial); Adults wl |
| Juvenile Services: | Sexually Harm Evaluation; Psychological Evaluat | ion; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| | Mental Health; Outpatient Therapy - Youth Who S | Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); | Assessment: Outpa | tient Psychiatric |
| | Evaluation; Assessment: Mental Status Exam (M | SE); Assessment: Psychological Evaluation; Assessment: Juvenile W | /ho Sexually Harm F | Risk Assessment |
| Other Services: | | | | |
| DeLaet, Theodore | Theodore J. DeLaet, PhD, PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | nile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment A | ssessment (bio-psyd | chosocial); Adults w |
| luvenile Sonvicos: | Sexually Harm Evaluation; Psychological Evaluat | ion; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatier | t Therapy including | Family Sessions |
| Juvenine Services. | Mental Health; Outpatient Therapy - Youth Who S | Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); SE); Assessment: Psychological Evaluation; Assessment: Juvenile W | Assessment: Outpa | tient Psychiatric |
| Other Services: | | | | |

| 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 Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juver ntial Services Outpa | nile Assessment |
| Mental Health Services: | Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatien | nt Therapy - Co-occu | urring; Assessment: |
| Other Services: | J. J | | | |
| Denker, Lindsay | Lindsay Denker LLC | 9239 W Center Rd Suite 226 Omaha NB 68124 | (402)932-6643 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult I tient - Co-Occurring Treatment; Juvenile Assessment Services Subst e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | ance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatien | nt Therapy - Co-occu | 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 | 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: | Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatien | nt Therapy - Co-occu | 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 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: | Co-Occurring; Outpatient Therapy | | | |
| | Outpatient Therapy - Individual-Mental Health; Ou Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatien | nt Therapy - Co-occu | urring; Assessment: |
| Other Services: | | | | |

| Name | Agency | Address | Phone Fax |
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| DeVries, Shawn | Inroads To Recovery | 2808 N 75th St Omaha NB 68134-6861 | (402)932-2248 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr on-Residential Services Partial Care; Adult Residential Services Dua | ing Treatment; Adult Non-Residential |
| Mental Health Services: | Day Treatment; Pre-Treatment Assessment (bio- | psychosocial); Co-Occurring; Outpatient Therapy; Mental Health Inte | nsive Management |
| Juvenile Services: | | | |
| Other Services: | | | |
| DeVries, Shawn | Inroads To Recovery | 2808 N 75th St Omaha NB 68134-6861 | (402)932-2248 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurr on-Residential Services Partial Care; Adult Residential Services Dua | ing Treatment; Adult Non-Residential |
| Mental Health Services: | Day Treatment; Pre-Treatment Assessment (bio- | psychosocial); Co-Occurring; Outpatient Therapy; Mental Health Inte | nsive Management |
| Juvenile Services: | | | |
| Other Services: | | | |
| Dexter, Loren | Sage Counseling Omaha LLC | 13808 U St Omaha NB 68137 | (402)960-0073 |
| | Individual; Adult Non-Residential Services Intensi | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment | Non-Residential Services Outpatient - |
| Mental Health Services: | Outpatient Therapy | | |
| | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Co-Occurring | nt Therapy including Family Sessions- |
| Juvenile Services: | | | nt Therapy including Family Sessions- |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | | nt Therapy including Family Sessions- (402)960-0073 |
| Juvenile Services: Other Services: Dexter, Loren Substance Abuse Services: | Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Sage Counseling Omaha LLC Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Intensi | y; Assessment: Ćo-Occurring 13808 U St Omaha NB 68137 aluations; Adult Non-Residential Services Outpatient - Groups; Adult | (402)960-0073 |
| Juvenile Services: Other Services: Dexter, Loren Substance Abuse Services: Mental Health Services: | Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Sage Counseling Omaha LLC Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Intensi Outpatient Therapy Outpatient Therapy - Individual-Mental Health; Outpatient | g; Assessment: Ćo-Occurring 13808 U St Omaha NB 68137 aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment utpatient Therapy including Group Sessions-Mental Health; Outpatier | (402)960-0073 Non-Residential Services Outpatient - |
| Juvenile Services: Other Services: Dexter, Loren Substance Abuse Services: Mental Health Services: Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Sage Counseling Omaha LLC Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Intensi Outpatient Therapy | g; Assessment: Ćo-Occurring 13808 U St Omaha NB 68137 aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment utpatient Therapy including Group Sessions-Mental Health; Outpatier | (402)960-0073 Non-Residential Services Outpatient - |
| Juvenile Services: Other Services: Dexter, Loren Substance Abuse Services: Mental Health Services: Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Sage Counseling Omaha LLC Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Intensi Outpatient Therapy Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | g; Assessment: Ćo-Occurring 13808 U St Omaha NB 68137 aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment utpatient Therapy including Group Sessions-Mental Health; Outpatier | (402)960-0073 Non-Residential Services Outpatient - |
| Juvenile Services: Other Services: Dexter, Loren Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Diaz, Isabel | Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Sage Counseling Omaha LLC Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Intensi Outpatient Therapy Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Diaz Counseling LLC Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie | g; Assessment: Ćo-Occurring 13808 U St Omaha NB 68137 aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Co-Occurring | (402)960-0073 Non-Residential Services Outpatient - nt Therapy including Family Sessions- (402)706-1847 lult Non-Residential Services Outpatier |
| Juvenile Services: Other Services: Dexter, Loren Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Diaz, Isabel | Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Sage Counseling Omaha LLC Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Intensi Outpatient Therapy Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Diaz Counseling LLC Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Treatment | g; Assessment: Ćo-Occurring 13808 U St Omaha NB 68137 aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Co-Occurring 4107 so. 22nd St Omaha NB 68107 aluations; Adult Non-Residential Services Intervention/Education; Ad | (402)960-0073 Non-Residential Services Outpatient - nt Therapy including Family Sessions- (402)706-1847 lult Non-Residential Services Outpatier |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Bilingual Services; | | | |
| Diaz, Isabel | Diaz Counseling LLC | 4107 so. 22nd St Omaha NB 68107 | (402)706-1847 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | |
| Other Services: | Bilingual Services; | | | |
| Dinneen, Mary | Dinneen Counseling Services | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)502-5002 | (402)502-5102 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential vices Intervention/Ed esidential Services C | Services Outpatient - ucation; Juvenile |
| | | Freatment Assessment (bio-psychosocial); Co-Occurring; Outpatient | 1.2 | |
| Juvenile Services: | Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatien ent: Mental Status Exam (MSE) | nt Therapy - Co-occu | rring; Assessment: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Dinneen, Mary | Dinneen Counseling Services | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)502-5002 | (402)502-5102 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | 0 | dult Non-Residential vices Intervention/Ed esidential Services C | Services Outpatient - ucation; Juvenile |
| | | Freatment Assessment (bio-psychosocial); Co-Occurring; Outpatient utpatient Therapy including Family Sessions-Mental Health; Outpatier | | rring: Accoccmont: |
| | Pre-Treatment Assessment (Medicaid); Assessm | | nt merapy - co-occu | ning, Assessment. |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Dirks, Amber | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)474-3322 | (402)397-1404 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juver dential Services Out | ile Assessment |
| | | o-Occurring; Outpatient Therapy utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring | uding Family Sessior | ns-Mental Health; |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | |
| Dirks, Amber | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)474-3322 | (402)397-1404 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juve dential Services Out | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring | uding Family Sessic | ns-Mental Health; |
| Other Services: | | | | |
| Dombrowski, Lydia | Breaking Sad LLC | 7005 N 88th Street Omaha NB 68122 | (402)305-8881 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Dombrowski, Lydia | Breaking Sad LLC | 7005 N 88th Street Omaha NB 68122 | (402)305-8881 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations | | |
| Mental Health Services | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| mornar ribultir Gorvibus. | ····· ································ | | | |
| Juvenile Services: | | | | |
| | | | | |
| Juvenile Services: Other Services: | | 2505 N 24th St Omaha NB 68110 | (402)451-5549 | (402)451-2876 |
| Juvenile Services: Other Services: Doyle, Beverly | Team Inc Adult Non-Residential Services Outpatient - Indiv | 2505 N 24th St Omaha NB 68110 idual; Juvenile Non-Residential Services Outpatient - Family; Juvenile | () | () |
| Juvenile Services: Other Services: Doyle, Beverly Substance Abuse Services: | Team Inc Adult Non-Residential Services Outpatient - Indiv Individual Juvenile Pre-Treatment Assessment (PTA); Pre- | | e Non-Residential S | ervices Outpatient - |
| Juvenile Services: Other Services: Doyle, Beverly Substance Abuse Services: Mental Health Services: | Team Inc Adult Non-Residential Services Outpatient - Indiv Individual Juvenile Pre-Treatment Assessment (PTA); Pre- Intensive Management | idual; Juvenile Non-Residential Services Outpatient - Family; Juvenile | e Non-Residential S Outpatient Therapy | ervices Outpatient - |
| Juvenile Services: Other Services: Doyle, Beverly Substance Abuse Services: Mental Health Services: Juvenile Services: | Team Inc Adult Non-Residential Services Outpatient - Indiv Individual Juvenile Pre-Treatment Assessment (PTA); Pre- Intensive Management | idual; Juvenile Non-Residential Services Outpatient - Family; Juvenile Treatment Assessment (bio-psychosocial); Psychological Evaluation; | e Non-Residential S Outpatient Therapy | ervices Outpatient - |
| Juvenile Services: Other Services: Doyle, Beverly Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Team Inc Adult Non-Residential Services Outpatient - Indiv Individual Juvenile Pre-Treatment Assessment (PTA); Pre- Intensive Management Assessment: Pre-Treatment Assessment (Medica | idual; Juvenile Non-Residential Services Outpatient - Family; Juvenile Treatment Assessment (bio-psychosocial); Psychological Evaluation; | e Non-Residential S Outpatient Therapy | ervices Outpatient - |
| Juvenile Services: Other Services: Doyle, Beverly Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Doyle, Beverly | Team Inc Adult Non-Residential Services Outpatient - Indiv Individual Juvenile Pre-Treatment Assessment (PTA); Pre- Intensive Management Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale; Team Inc Adult Non-Residential Services Outpatient - Indiv | idual; Juvenile Non-Residential Services Outpatient - Family; Juvenile Treatment Assessment (bio-psychosocial); Psychological Evaluation; aid); Assessment: Mental Status Exam (MSE); Assessment: Psychological | e Non-Residential S Outpatient Therapy ogical Evaluation (402)451-5549 | (402)451-2876 |
| Juvenile Services: Other Services: Doyle, Beverly Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Doyle, Beverly Substance Abuse Services: | Team Inc Adult Non-Residential Services Outpatient - Indiv Individual Juvenile Pre-Treatment Assessment (PTA); Pre- Intensive Management Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale; Team Inc Adult Non-Residential Services Outpatient - Indiv Individual Juvenile Pre-Treatment Assessment (PTA); Pre- | idual; Juvenile Non-Residential Services Outpatient - Family; Juvenile Treatment Assessment (bio-psychosocial); Psychological Evaluation; aid); Assessment: Mental Status Exam (MSE); Assessment: Psycholo 2505 N 24th St Omaha NB 68110 | e Non-Residential S Outpatient Therapy ogical Evaluation (402)451-5549 e Non-Residential S | (402)451-2876 ervices Outpatient - |
| Juvenile Services: Other Services: Doyle, Beverly Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Doyle, Beverly Substance Abuse Services: Mental Health Services: | Team Inc Adult Non-Residential Services Outpatient - Indiv Individual Juvenile Pre-Treatment Assessment (PTA); Pre- Intensive Management Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale; Team Inc Adult Non-Residential Services Outpatient - Indiv Individual Juvenile Pre-Treatment Assessment (PTA); Pre- Intensive Management | idual; Juvenile Non-Residential Services Outpatient - Family; Juvenile Treatment Assessment (bio-psychosocial); Psychological Evaluation; aid); Assessment: Mental Status Exam (MSE); Assessment: Psycholo 2505 N 24th St Omaha NB 68110 idual; Juvenile Non-Residential Services Outpatient - Family; Juvenile | e Non-Residential S Outpatient Therapy ogical Evaluation (402)451-5549 e Non-Residential S Outpatient Therapy | (402)451-2876 ervices Outpatient - |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|--------------------|
| DuBay, Michelle | Turning the Mind Therapy | 4611 S 96th St Suite 232 Omaha NB 68127 | (402)301-7518 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex Individual; Adult Non-Residential Services Outpa | /aluations; Adult Non-Residential Services Outpatient - Groups; Adu tient - Co-Occurring Treatment | It Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| DuBay, Michelle | Turning the Mind Therapy | 4611 S 96th St Suite 232 Omaha NB 68127 | (402)301-7518 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Outpatient - Groups; Adu | It Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| 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 | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Assess | ment: Pre-Treatment A | ssessment |
| Other Services: | Sliding Fee Scale; | | | |
| Earley, Morgan | Morgan Earley LLC | 7239 S Harrison Hills Dr Suite 301 LaVista NB 68128 | (402)302-0353 | |
| | | | | |
| | | utpatient Therapy including Family Sessions-Mental Health; Assess | ment: 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 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Education; A nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu e Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurri | rring Treatment; Juver sidential Services Outp | ile Assessment |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Outpati | ent Therapy - Co-occu | rring; |

| Nama | A 1101 111 | A Juliana a | Discuss | East |
|---------------------------|--|---|---|---------------------|
| Name | Agency | Address | Phone | Fax |
| | Assessment: Mental Status Exam (MSE); Assess | sment: Co-Occurring | | |
| Other Services: | | | | |
| Eggert, Krysti | Looking Forward Counseling Services | 268 N. 115th St. #1 Omaha NB 68154 | (402)957-1709 | (402)807-7270 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juve dential Services Out | nile Assessment |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Status Exam (MSE); Assessment: Co-Occ | utpatient Therapy including Family Sessions-Mental Health; Outpatie curring | nt Therapy - Co-occi | urring; Assessment: |
| Other Services: | | | | |
| Engle, Christine | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juve ntial Services Outpa | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | Putpatient Therapy | | |
| 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; | | | |
| 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 t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juve ntial Services Outpa | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | Putpatient Therapy | | |
| | (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Assessm | ent: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | | | |

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| Name | Agency | Address | Phone | Fax |
| Faulkner, John | Solutions Sober Living LLC | 3606 N 156th Ste 101-319 Omaha NB 68116 | (402)990-6501 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Faulkner, John | Solutions Sober Living LLC | 3606 N 156th Ste 101-319 Omaha NB 68116 | (402)990-6501 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Filcheck, Holly | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); P | sychological Evaluation; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier | | |
| | Evaluation | ent: Outpatient Psychiatric Evaluation; Assessment: Mental Status Ex | xam (INSE); Assess | ment: Psychological |
| Other Services: | Sliding Fee Scale; | | | |
| Filcheck, Holly | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); P | sychological Evaluation; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier | | |
| | Pre-Treatment Assessment (Medicaid); Assessm Evaluation | ent: Outpatient Psychiatric Evaluation; Assessment: Mental Status Ex | xam (MSE); Assess | ment: Psychological |
| Other Services: | Sliding Fee Scale; | | | |
| Fintel, Kimberly | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)552-7062 | |
| | , | aluations; Adult Non-Residential Services Outpatient - Groups; Adult | () | rvices Outpatient - |
| | Individual; Adult Non-Residential Services Outpa | tient - Co-Occurring Treatment; Juvenile Assessment Services Subst | ance Abuse Evaluat | ions; Juvenile Non- |
| | | le Non-Residential Services Outpatient - Individual; Juvenile Non-Res | sidential Services O | utpatient - Co- |
| Mental Health Services: | Occurring Treatment Co-Occurring; Outpatient Therapy | | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | t Therapy - Co-occi | urrina |
| | Sliding Fee Scale; | | | |
| | | | | |

| Name | Agency | Address | Phone | Fax |
|--|--|--|--|-------------------------------------|
| Fintel, Kimberly | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)552-7062 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Outpatient - Groups; A tient - Co-Occurring Treatment; Juvenile Assessment Services S le Non-Residential Services Outpatient - Individual; Juvenile Nor | ubstance Abuse Evaluation | ns; Juvenile Non- |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outp | atient Therapy - Co-occurr | ing |
| 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 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | 6 | al; Adult Non-Residential S Services Intervention/Edu | ervices Outpatient cation; Juvenile |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Status Exam (MSE); Assessment: Co-Oc | utpatient Therapy including Family Sessions-Mental Health; Outp | patient Therapy - Co-occur | ing; Assessment: |
| Other Services: | Mental Status Exam (MSE), Assessment. Co-OC | curring | | |
| 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 | | al; Adult Non-Residential S Services Intervention/Edu | ervices Outpatient cation; Juvenile |
| | | utpatient Therapy including Family Sessions-Mental Health; Outp | patient Therapy - Co-occurr | ing; Assessment: |
| Other Services: | | 5 | | |
| Flowers , LaRhonda | Papa Josh LLC | 3348 Ames Omaha NB 68134 | (402)218-0685 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|----------------------|---------------------|
| Flowers , LaRhonda | Papa Josh LLC | 3348 Ames Omaha NB 68134 | (402)218-0685 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Flowers, LaRhonda | Restore Rebuild Reconnect Counseling Center LLC | 1941 S.42nd street Suite 523 Omaha NB 68105 | (402)917-1054 | |
| | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Individual; Adult Non-Residential Services Intensive Outpatient T | | Services Outpatient |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Group Sessions-Mental Health; Outpatier nent: Co-Occurring | it Therapy - Co-occi | irring; Assessment |
| Other Services: | | | | |
| Flowers, LaRhonda | Restore Rebuild Reconnect Counseling Center LLC | 1941 S.42nd street Suite 523 Omaha NB 68105 | (402)917-1054 | |
| | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Individual; Adult Non-Residential Services Intensive Outpatient T | | Services Outpatient |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services. | Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Group Sessions-Mental Health; Outpatier nent: Co-Occurring | it Therapy - Co-occi | ining, Assessment. |
| Other Services: | | - | | |
| Foxx, Karen | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)346-0902 | (402)342-5290 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Foxx, Karen | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)346-0902 | (402)342-5290 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|--------------------|
| Francke, Jennifer | Jennifer Francke Psychotherapy LLC | 11907 Arbor St Suite G Omaha NB 68144 | (402)319-3016 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Individu | al; Adult Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | Co-Occurring Treatment Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Francke, Jennifer | Jennifer Francke Psychotherapy LLC | 11907 Arbor St Suite G Omaha NB 68144 | (402)319-3016 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment | valuations; Adult Non-Residential Services Outpatient - Individua | al; Adult Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| 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; ht - Individual; Adult Non-Residential Services Outpatient - Co- Non-Residential Services Outpatient - Groups; Juvenile Non-R Juvenile Non-Residential Services Outpatient - Co-Occurring 1 | Occurring Treatment; Juvenile Residential Services Outpatie | e Assessment |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Health; Ou der; Outpatient Therapy - Co-occurring; Assessment: Pre-Trea | | |
| 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 | raluations; Adult Non-Residential Services Outpatient - Groups; ht - Individual; Adult Non-Residential Services Outpatient - Co-O Non-Residential Services Outpatient - Groups; Juvenile Non-R Juvenile Non-Residential Services Outpatient - Co-Occurring T | Occurring Treatment; Juvenile Residential Services Outpatie | Assessment |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Health; Ou der; Outpatient Therapy - Co-occurring; Assessment: Pre-Trea | | |
| Other Services: | Occurring | | | |

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|-------------------------|-----------------------|
| Freudenburg, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Health; Outpa rder | tient Therapy including | Family Sessions- |
| Other Services: | | | | |
| Freudenburg, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Health; Outpa rder | tient Therapy including | Family Sessions- |
| Other Services: | | | | |
| Gaines, Denise | Carole's House of Hope | 7815 Harney St Omaha NB 68114 | (402)991-4673 | (402)596-1768 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; ent - Individual; Adult Non-Residential Services Outpatient - Co-Oc | | Services Outpatient |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Gaines, Denise | Carole's House of Hope | 7815 Harney St Omaha NB 68114 | (402)991-4673 | (402)596-1768 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; ent - Individual; Adult Non-Residential Services Outpatient - Co-Oc | | Services Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Garcia, Mary | Abounding Peace Counseling LLC | 1410 E Gold Coast Rd Ste 400 Papillion NB 68046 | (402)480-7387 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | | | |

Other Services: Sliding Fee Scale;

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|--|---|---|---|--|
| Name | Agency | Address | Phone | Fax |
| Garcia, Mary | Abounding Peace Counseling LLC | 1410 E Gold Coast Rd Ste 400 Papillion NB 68046 | (402)480-7387 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); O | utpatient Therapy | | |
| Other Services: | Sliding Fee Scale; | | | |
| Gard, Gary | GG Enterprises | 10040 Regency Circle Ste 250 Omaha NB 68114 | (402)393-5432 | (402)393-0220 |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring; Intensive Outp | o-Occurring; Adults who Sexually Harm Evaluation; Psychological Ev trpatient Therapy including Family Sessions-Mental Health; Outpatier patient: Intensive Outpatient Therapy-Mental Health; Intensive Outpat Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A ssessment; Assessment: Co-Occurring | nt Therapy - Youth V tient: Intensive Outp | Vho Sexually Harm; atient Therapy-Youth |
| Other Services: | | | | |
| Gard, Gary | GG Enterprises | 10040 Regency Circle Ste 250 Omaha NB 68114 | (402)393-5432 | (402)393-0220 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Adults who Sexually Harm Evaluation; Psychological Ev | aluation; Outpatient | Therapy |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive Out | Itpatient Therapy including Family Sessions-Mental Health; Outpatier batient: Intensive Outpatient Therapy-Mental Health; Intensive Outpat Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A ssessment: Assessment: Co-Occurring | tient: Intensive Outp | atient Therapy-Youth |
| Other Services: | | | | |
| Giles, Nicholas | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adut - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | |
| Mental Health Services: | | reatment Assessment (bio-psychosocial); Co-Occurring; Adults who | Sexually Harm Eval | uation; Psychologica |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S Health; Intensive Outpatient: Intensive Outpatient | Itpatient Therapy including Group Sessions-Mental Health; Outpatier sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensive id); Assessment: Mental Status Exam (MSE); Assessment: Psychological Status Exam (MSE); Assessment; Psychological Status Exam (MSE); A | ent: Intensive Outpati Outpatient Therapy- | ent Therapy-Mental Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Nume | Agency | Address | Thome | I UA |
| Giles, Nicholas | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who | Sexually Harm Eva | uation; Psychologica |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S Health; Intensive Outpatient: Intensive Outpatient | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie : Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensive aid); Assessment: Mental Status Exam (MSE); Assessment: Psycholo | nt: Intensive Outpat Outpatient Therapy- | ient Therapy-Mental Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Gilfillan, Dameon | | 2109 S 24th St Lincoln NB 68502 | (402)346-0902 | (402)342-5290 |
| | 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; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ices Substance Abuse Evaluations; Juvenile Non-Residential Service le Non-Residential Services Outpatient - Family; Juvenile Non-Reside patient Treatment | dult Non-Residential | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | | | | |
| | Non-Treatment: General Education Class | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Gilfillan, Dameon | | 2109 S 24th St Lincoln NB 68502 | (402)346-0902 | (402)342-5290 |
| | 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; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ices Substance Abuse Evaluations; Juvenile Non-Residential Service le Non-Residential Services Outpatient - Family; Juvenile Non-Reside patient Treatment | dult Non-Residential | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | | | | |
| | Non-Treatment: General Education Class | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Gilroy, Helen | | 8031 West Center Rd Suite 307 Omaha NB 68124 | (402)708-3127 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpar | aluations; Adult Non-Residential Services Intervention/Education; Adu tient - Co-Occurring Treatment | ult Non-Residential | Services Outpatient · |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|----------------------|-----------------------|
| Gilroy, Helen | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)708-3127 | (402)964-2093 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult | | vices Outpatient - |
| Mental Health Services: | Family; Adult Non-Residential Services Outpatier Co-Occurring; Outpatient Therapy | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur | ring Treatment | |
| Juvenile Services: | 5, | | | |
| Other Services: | | | | |
| Gilroy, Helen | | 8031 West Center Rd Suite 307 Omaha NB 68124 | (402)708-3127 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Intervention/Education; Ac tient - Co-Occurring Treatment | lult Non-Residential | Services Outpatient |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Gilroy, Helen | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)708-3127 | (402)964-2093 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur | | vices Outpatient - |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | - | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Goodrich, Cynthia | Chain Breaker, LLC. | 2410 S. 48th Ave. Omaha NB 68106 | (402)237-7482 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ac | lult Non-Residential | Services Outpatient - |
| Mental Health Services: | 1 / | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Goodrich, Cynthia | Chain Breaker, LLC. | 2410 S. 48th Ave. Omaha NB 68106 | (402)237-7482 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ac nt - Individual | lult Non-Residential | Services Outpatient - |
| Mental Health Services: | 1 / | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|--|
| Goodwin, Lori | Spence Counseling | 12035 Q St. Omaha NB 68137 | (402)991-0611 | (402)991-6228 |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential Se Services Outpatient - Co-Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Se ducation; Juvenile Non-Residential Services Care Monitoring SA/MH ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient | Family; Adult Non-Re ervices Substance Ab ; Juvenile Non-Resid | esidential Services buse Evaluations; dential Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment curring | | |
| Other Services: | | | | |
| Goodwin, Lori | Spence Counseling | 12035 Q St. Omaha NB 68137 | (402)991-0611 | (402)991-6228 |
| | Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential Se Services Outpatient - Co-Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C | rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Se ducation; Juvenile Non-Residential Services Care Monitoring SA/MH ervices Outpatient - Family; Juvenile Non-Residential Services Outpa Co-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatien | ; Juvenile Non-Resid tient - Individual; Juv | dential Services venile Non-Residentia |
| Other Services: | | der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment | | |
| | | | | |
| Gray, Alex | Inroads To Recovery | 2808 N 75th St Omaha NB 68134-6861 | (402)932-2248 | (402)932-3557 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Non-Residential Servi ential Services Short Term Residential | dult Non-Residential | Services Outpatient |
| Mental Health Services: | Day Treatment; Pre-Treatment Assessment (bio- | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Gray, Alex | Inroads To Recovery | 2808 N 75th St Omaha NB 68134-6861 | (402)932-2248 | (402)932-3557 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Services Dual Residential (MH/SA); Adult Reside | | dult Non-Residential | Services Outpatient |
| | Day Treatment; Pre-Treatment Assessment (bio- | psychosocial), Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|--|--|---|--|--|
| Other Services: | | | - | - |
| Green, Faith | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)339-2544 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser venile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | dult Non-Residential | Services Outpatient - lucation; Juvenile |
| Mental Health Services: | | e-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Non-Treatment: General Education Class; Outpation Class; Outpatient Therapy including Family Sessions-Methods and Service Serv | tient Therapy - Individual-Mental Health; Outpatient Therapy including ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr | g Group Sessions-M eatment Assessmen | ental Health; t (Medicaid) |
| Other Services: | Sliding Fee Scale; | | | |
| Green, Faith | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)339-2544 | |
| 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 Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: General Education Class; Outpatient | | dult Non-Residential vices Intervention/Ec esidential Services (g Group Sessions-M | Services Outpatient - lucation; Juvenile Outpatient - Individual; ental Health; |
| Other Services: | Sliding Fee Scale; | | | |
| Gunther-Lehman, Brittany | Brave Resilience Counseling LLC | 6716 S 148th Circle Omaha NB 68137 | (402)819-8047 | (402)625-0664 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur | | Services Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Gunther-Lehman, Brittany | Brave Resilience Counseling LLC | 6716 S 148th Circle Omaha NB 68137 | (402)819-8047 | (402)625-0664 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur | | Services Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|---------------------------------------|
| 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 | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Hea g; Assessment: Pre-Treatment Assessment (Medicaid); A | | imily Sessions- |
| Other Services: | Sliding Fee Scale; | | 5 | |
| 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 | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Hea g; Assessment: Pre-Treatment Assessment (Medicaid); A | | Imily Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Hamilton, Teresa | Hamilton Behavioral Health Services | 203 W 29th Ave #6 Bellevue NB 68005 | (402)639-0435 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - G nt - Individual; Adult Non-Residential Services Outpatient Non-Residential Services Outpatient - Groups; Juvenile Juvenile Non-Residential Services Outpatient - Co-Occu | - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatie | e Assessment nt - Family; Juvenile |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Hea urring; Assessment: Pre-Treatment Assessment (Medica | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hamilton, Teresa | Wiles Counseling & Assessment, Inc. | 7551 Main St., Ste 250 Ralston NB 68127 | (402)639-0435 | |
| | Individual; Adult Non-Residential Services Outpa Residential Services Outpatient - Groups; Juveni Occurring Treatment | valuations; Adult Non-Residential Services Outpatient - G tient - Co-Occurring Treatment; Juvenile Assessment Se le Non-Residential Services Outpatient - Individual; Juve | rvices Substance Abuse Evaluation | s; Juvenile Non- |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Hea g; Assessment: Pre-Treatment Assessment (Medicaid) | th; Outpatient Therapy including Fa | mily 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 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - ht - Individual; Adult Non-Residential Services Outpatie Non-Residential Services Outpatient - Groups; Juveni Juvenile Non-Residential Services Outpatient - Co-Oc | nt - Co-Occurring Treatment; Juvenile le Non-Residential Services Outpatie | e Assessment nt - Family; Juvenil |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental He urring; Assessment: Pre-Treatment Assessment (Medi | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hamilton, Teresa | Wiles Counseling & Assessment, Inc. | 7551 Main St., Ste 250 Ralston NB 68127 | (402)639-0435 | |
| | Individual; Adult Non-Residential Services Outpa | aluations; Adult Non-Residential Services Outpatient - tient - Co-Occurring Treatment; Juvenile Assessment S le Non-Residential Services Outpatient - Individual; Juv co-Occurring; Outpatient Therapy | Services Substance Abuse Evaluation | s; Juvenile Non- |
| Juvenile Services: Other Services: | | utpatient Therapy including Group Sessions-Mental He g; Assessment: Pre-Treatment Assessment (Medicaid) | | mily Sessions- |
| | Valley Hone | 7703 Serum Ave Omaha NB 68127 | (402)001 8824 | |
| Hancock, Katelynn | Valley Hope | | (402)991-8824 | |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Intervention, ant - Family; Adult Non-Residential Services Outpatient Services Intensive Outpatient Treatment | , | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Hancock, Katelynn | Valley Hope | 7703 Serum Ave Omaha NB 68127 | (402)991-8824 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention, nt - Family; Adult Non-Residential Services Outpatient Services Intensive Outpatient Treatment | , | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax | |
|---------------------------|---|--|--|--------------------|--|
| Hansen, Mandy | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)537-7051 | | |
| Substance Abuse Services: | | Evaluations; Juvenile Non-Residential Services Outpatient - Groups; rvices Outpatient - Individual; Juvenile Non-Residential Services Outp | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | | |
| | | Dutpatient 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 ocrystes. | Silding ree Scale, | | | | |
| Hansen, Mandy | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)537-7051 | | |
| Substance Abuse Services: | | Evaluations; Juvenile Non-Residential Services Outpatient - Groups; rvices Outpatient - Individual; Juvenile Non-Residential Services Outp | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | amily Sessions- | |
| Other Services: | Sliding Fee Scale; | | | | |
| Harm, Danyelle | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8547 | | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpar Residential Services Outpatient - Groups; Juveni | raluations; Adult Non-Residential Services Outpatient - Family; Adult I tient - Co-Occurring Treatment; Juvenile Assessment Services Subst le Non-Residential Services Outpatient - Family; Juvenile Non-Reside co-Occurring Treatment; Juvenile Non-Residential Services Intensive | ance Abuse Evaluation ential Services Outpation | ns; Juvenile Non- | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | | |
| 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 eatment Facility; Assessment: Pre-Treatment Assessment (Medicaid) | ntensive Outpatient: Ir | tensive Outpatient | |
| Other Services: | | | | | |
| Harm, Danyelle | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8547 | | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpar Residential Services Outpatient - Groups; Juveni | raluations; Adult Non-Residential Services Outpatient - Family; Adult I tient - Co-Occurring Treatment; Juvenile Assessment Services Subst le Non-Residential Services Outpatient - Family; Juvenile Non-Reside co-Occurring Treatment; Juvenile Non-Residential Services Intensive | ance Abuse Evaluation ential Services Outpation | ns; Juvenile Non- | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | | |
| 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 eatment Facility; Assessment: Pre-Treatment Assessment (Medicaid) | ntensive Outpatient: Ir | tensive Outpatient | |

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|-----------------------------|------------------------|
| Other Services: | | | | |
| Harmes, Eric | Wellspring Behavioral Health | 1600 S. 70th Street Suite 200 Lincoln NB 68506 | (402)318-3787 | (402)939-0437 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; | Outpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Harmes, Eric | Wellspring Behavioral Health | 1600 S. 70th Street Suite 200 Lincoln NB 68506 | (402)318-3787 | (402)939-0437 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; | Outpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Harper, Hallie | Team Inc | 4401 N 21st St Omaha NB 68110 | (402)960-9784 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpa | • | dual; Juvenile Assessment | Services Substance |
| | · · · · · · · · · · · · · · · · · · · | | idual Mantal Llaalth, Outra | tiont Thoropy includin |
| Juvenile Services. | | Freatment: Anger Management Class; Outpatient Therapy - Indiv erapy including Family Sessions-Mental Health; Intensive Outpati | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |
| Harper, Hallie | Team Inc | 4401 N 21st St Omaha NB 68110 | (402)960-9784 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpa | Evaluations; Adult Non-Residential Services Intervention/Educati atient - Family; Adult Non-Residential Services Outpatient - Indivic Services Intervention/Education; Juvenile Non-Residential Service sidential Services Outpatient - Individual | dual; Juvenile Assessment | Services Substance |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | | Treatment: Anger Management Class; Outpatient Therapy - Indiv erapy including Family Sessions-Mental Health; Intensive Outpati | | |
| Other Services: | Sliding Fee Scale: Hearing Impaired: | | | |

Other Services: Sliding Fee Scale; Hearing Impaired;

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|---------------------------------|
| Harvey, Alexandra | Community Options Individual and Family Services LLC | 1941 S. 42nd St. Suite 134 Omaha NB 68105 | (308)293-1265 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy inc | luding Family Sessions | -Mental Health; |
| Other Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Mental Status Exam (MSE) | | |
| Harvey, Alexandra | Community Options Individual and Family Services LLC | 1941 S. 42nd St. Suite 134 Omaha NB 68105 | (308)293-1265 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy inclusion | luding Family Sessions | -Mental Health; |
| Other Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Mental Status Exam (MSE) | | |
| Hatcher, Julie | Alegent Health | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130 | (402)758-5884 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Ad ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Residential idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrir e Residential Services Therapeutic Community or Therapeutic Group | ing Treatment; Juvenile idential Services Outpa ng Treatment; Juvenile | e Assessment tient - Family; |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Outpatie urring; Therapeutic Group Home-Co-Occurring; Assessment: Pre-Tre | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hatcher, Julie | Alegent Health | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130 | (402)758-5884 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - Ir | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrir e Residential Services Therapeutic Community or Therapeutic Group | ring Treatment; Juvenile idential Services Outpa ng Treatment; Juvenile | e Assessment tient - Family; |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient: Intensive Outpatient Therapy-Co-occi Assessment: Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatie urring; Therapeutic Group Home-Co-Occurring; Assessment: Pre-Tre | nt Therapy - Co-occurr eatment Assessment (N | ing; Intensive ledicaid); |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Hayes, Jill | | 10840 Old Mill Road, Suite 300 Omaha NB 68154 | (402)321-2624 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Re Outpatient Treatment; Juvenile Residential Service | | Adult Non-Residential S Dual Residential (MH/S Non-Residential Servic utpatient - Family; Juve | Services Outpatient SA); Adult ces enile Non-Residentia |
| | Pre-Treatment Assessment (bio-psychosocial); C | | a transmissional and the second | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; ment-Mental Health; Day Treatment: Day Treatment - Co-occurring; | Intensive Outpatient: In | ntensive Outpatient |
| Other Services: | | | | |
| Hayes, Jill | | 10840 Old Mill Road, Suite 300 Omaha NB 68154 | (402)321-2624 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv Intervention/Education; Juvenile Non-Residential | | Adult Non-Residential S Dual Residential (MH/S Non-Residential Servic utpatient - Family; Juve | Services Outpatient SA); Adult ces enile Non-Residentia |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; ment-Mental Health; Day Treatment: Day Treatment - Co-occurring; | Intensive Outpatient: In | ntensive Outpatient |
| Other Services: | | | | |
| Hebrank, Ida-Marie | IM Hebrank Psychotherapy LLC | 1406 Fort Crook Rd S Ste 401 Bellevue NB 68005 | (402)541-9698 | |
| | | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occur | | ervices Outpatient - |
| | Pre-Treatment Assessment (bio-psychosocial); C | | ing reathent | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| | | | | |

| Name | Agency | Address | Phone Fax |
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| Hebrank, Ida-Marie | IM Hebrank Psychotherapy LLC | 1406 Fort Crook Rd S Ste 401 Bellevue NB 68005 | (402)541-9698 |
| | | valuations; Adult Non-Residential Services Intervention/Education; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Occu Co-Occurring; Outpatient Therapy | |
| Heft, Paul | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)943-7743 |
| | Pre-Treatment Assessment (bio-psychosocial); O Outpatient Therapy - Individual-Mental Health; O | Dutpatient Therapy utpatient Therapy including Family Sessions-Mental Health; Outpat | ient Therapy - Eating Disorder |
| Heft, Paul | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)943-7743 |
| | | Dutpatient Therapy utpatient Therapy including Family Sessions-Mental Health; Outpat | ient Therapy - Eating Disorder |
| Heidvogel, Brian | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7004 |
| | | valuations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu Co-Occurring; Outpatient Therapy | |
| Heidvogel, Brian | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7004 |
| | | valuations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu Co-Occurring; Outpatient Therapy | |

| Name | Agency | Address | Phone | Fax |
|---|--|---|----------------------------------|-------------|
| Hernandez, Antonieta | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | |
| | Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O | Dutpatient Therapy Putpatient Therapy including Family Sessions-Mental Health | | |
| Hernandez, Antonieta | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | |
| | Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O | Dutpatient Therapy utpatient Therapy including Family Sessions-Mental Health | | |
| Herout, Christine | Veterans Affairs Medical Center (Veterans Only) | 4101 Woolworth Drive Omaha NB 68105 | (402)995-4212 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien | valuations; Adult Non-Residential Services Outpatient - Grou nt - Individual; Adult Non-Residential Services Outpatient - C Residential Services Dual Residential (MH/SA); Adult Reside | o-Occurring Treatment; Adult Nor | -Residentia |
| Mental Health Services: Juvenile Services: Other Services: | Acute Inpatient; Pre-Treatment Assessment (bio- | -psychosocial); Co-Occurring; Outpatient Therapy | | |
| Herout, Christine | Veterans Affairs Medical Center (Veterans Only) | 4101 Woolworth Drive Omaha NB 68105 | (402)995-4212 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien | valuations; Adult Non-Residential Services Outpatient - Grou nt - Individual; Adult Non-Residential Services Outpatient - C Residential Services Dual Residential (MH/SA); Adult Reside | o-Occurring Treatment; Adult Nor | -Residentia |
| Mental Health Services: Juvenile Services: Other Services: | Acute Inpatient; Pre-Treatment Assessment (bio- | -psychosocial); Co-Occurring; Outpatient Therapy | | |
| Hewitt, Mary | Choice*Change*Consequence, LLC | 3193 Sheridan Blvd Lincoln NB 68502-5232 | (402)217-7234 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |

| Name | Agency | Address | Phone | Fax |
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| Hewitt, Mary | Choice*Change*Consequence, LLC | 3193 Sheridan Blvd Lincoln NB 68502-5232 | (402)217-7234 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | | | | |
| Other Services: | | | | |
| Hickey, Melina | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8522 | |
| | Residential | nity; Juvenile Residential Services Halfway-House or SA Group | Home; Juvenile Residential S | Services Short Tern |
| | Pre-Treatment Assessment (bio-psychosocial); | 5 | | |
| | | ssment: Pre-Treatment Assessment (Medicaid); Assessment: C | o-Occurring | |
| Other Services: | Sliding Fee Scale; | | | |
| Hickey, Melina | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8522 | |
| Substance Abuse Services: | Adult Residential Services Therapeutic Commun Residential | nity; Juvenile Residential Services Halfway-House or SA Group | Home; Juvenile Residential S | Services Short Tern |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility; Asse | ssment: Pre-Treatment Assessment (Medicaid); Assessment: C | o-Occurring | |
| Other Services: | Sliding Fee Scale; | | | |
| Hicks-Kalvinek, Joyce | Educate 2 Eliminate LLC | 118 W Deer Lane Plattsmouth NB 68048 | (402)490-5759 | |
| | Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Juvenile Assessment | | lual; Adult Non-Residential Se al Services Intervention/Educ | ervices Outpatient ation; Juvenile |
| | | Dutpatient Therapy including Group Sessions-Mental Health; Ou | tpatient Therapy including Fa | mily Sessions- |
| Other Services: | Mental Health, Outpatient Therapy - Co-occumi | ig, Assessment. Co-Occurring | | |
| Hicks-Kalvinek, Joyce | Educate 2 Eliminate LLC | 118 W Deer Lane Plattsmouth NB 68048 | (402)490-5759 | |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Juvenile Assessment Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring; Outpatient Therapy Dutpatient Therapy including Group Sessions-Mental Health; Ou | lual; Adult Non-Residential So al Services Intervention/Educ Non-Residential Services Ou | ervices Outpatient cation; Juvenile tpatient - Individua |

| Name | Agency | Address | Phone | Fax |
|--|---|---|--|--|
| Other Services: | | | | |
| Higgins, Joy | Collaborative Industries Inc | 5701 Thompson Creek Blvd Ste 200 Line | coln NB 68516 (712)242-0533 | (712)242-0534 |
| | Adult Non-Residential Services Intervention/Educ Adult Non-Residential Services Outpatient - Indiv Intensive Outpatient Treatment | dual; Adult Non-Residential Services Outpatien | | |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Other Services: | Hearing Impaired; | | | |
| Higgins, Joy | Collaborative Industries Inc | 5701 Thompson Creek Blvd Ste 200 Line | coln NB 68516 (712)242-0533 | (712)242-0534 |
| Substance Abuse Services: | Adult Non-Residential Services Intervention/Educ Adult Non-Residential Services Outpatient - Indiv Intensive Outpatient Treatment | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: Other Services: | Hearing Impaired; | | | |
| | | | | |
| Hightower, Tom | The 1212 House | 3525 Evans St. Omaha NB 68111 | (402)598-4792 | |
| Substance Abuse Services: Mental Health Services: | | | | |
| Juvenile Services: | Outpation morapy | | | |
| Other Services: | | | | |
| Hightower, Tom | The 1212 House | 3525 Evans St. Omaha NB 68111 | (402)598-4792 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: Other Services: | | | | |
| Hoelscher, Shantel | Douglas County CMHC Detox Services | 1490 N 16th St Omaha NB 68102 | (402)444-1976 | (402)444-1758 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpar Assessment Services Substance Abuse Evaluation Individual; Juvenile Non-Residential Services Outpar | ent - Co-Occurring Treatment; Adult Non-Resic ns; Juvenile Non-Residential Services Outpatie | ential Services Intensive Outpatient Tre nt - Family; Juvenile Non-Residential Se | atment; Juvenile ervices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | utpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |

| Name | Agency | Address | Phone | Fax |
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| Hoelscher, Shantel | Douglas County CMHC Detox Services | 1490 N 16th St Omaha NB 68102 | (402)444-1976 | (402)444-1758 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa Assessment Services Substance Abuse Evaluati | raluations; Adult Non-Residential Services Outpatient - Family; Adult I tient - Co-Occurring Treatment; Adult Non-Residential Services Inten- ons; Juvenile Non-Residential Services Outpatient - Family; Juvenile tpatient - Co-Occurring Treatment; Juvenile Non-Residential Services | sive Outpatient Trea Non-Residential Ser | tment; Juvenile vices Outpatient - |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Other Services: | Bilingual Services; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | I Evaluation; Assess | ment: Juvenile Who |
| Other Services: | | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | I Evaluation; Assess | ment: Juvenile Who |
| Other Services: | | | | |
| Hughbanks, Sharon | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5454 | (402)715-5452 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Outpatient Treatment; Adult Residential Services | raluations; Adult Non-Residential Services Outpatient - Individual; Adu | ult Non-Residential S | Services Intensive |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hughbanks, Sharon | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5454 | (402)715-5452 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Outpatient Treatment; Adult Residential Services | raluations; Adult Non-Residential Services Outpatient - Individual; Adu | ult Non-Residential S | Services Intensive |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Huss, Matthew | Matthew Huss | 3503 S 100th Ave Omaha NB 68124 | (402)280-3773 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Huss, Matthew | Matthew Huss | 3503 S 100th Ave Omaha NB 68124 | (402)280-3773 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Jackson, Sybil | Changes Counseling, LLC | 9374 N St Omaha NB 68127 | (402)779-9438 | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Individual; J Services Intensive Outpatient Treatment; Juvenile Assessment Serv Juvenile Non-Residential Services Outpatient - Groups; Juvenile N Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | Adult Non-Residential S ices Substance Abuse E on-Residential Services | ervices Outpatier Evaluations; Juve Outpatient - Fan |
| Juvenile Services: | Non-Treatment: Family Support Worker; Non-Tre | atment: Anger Management Class; Outpatient Therapy - Individual- py - Co-occurring; Intensive Outpatient: Intensive Outpatient Therap | | |
| Jackson, Sybil | Changes Counseling, LLC | 9374 N St Omaha NB 68127 | (402)779-9438 | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Individual; . Services Intensive Outpatient Treatment; Juvenile Assessment Serv Juvenile Non-Residential Services Outpatient - Groups; Juvenile N idividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | Adult Non-Residential S ices Substance Abuse E on-Residential Services | ervices Outpatier Evaluations; Juve Outpatient - Fan |
| | Non-Treatment: Family Support Worker; Non-Tre | atment: Anger Management Class; Outpatient Therapy - Individual- py - Co-occurring; Intensive Outpatient: Intensive Outpatient Therap | | |

| Name | Agency | Address | Phone | Fax |
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| 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-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Residen Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juvenil ntial Services Outpatie | e Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| | Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Health; Outpatien der; Assessment: Pre-Treatment Assessment (Medicaid) | nt 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 | |
| | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; | 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; Juvenil ntial Services Outpatie | e Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier der; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including Fa | amily Sessions- |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |
| Jauriqui , Melissa | MAK Development (Michael's House) | 6607 Maple St Omaha NB 68104 | (402)415-5112 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Jauriqui , Melissa | MAK Development (Michael's House) | 6607 Maple St Omaha NB 68104 | (402)415-5112 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy | | | |
| Other Services: | Bilingual Services; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|--|
| Johnson, Jill | Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)261-6667 | (402)261-6526 |
| | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Re Outpatient Treatment | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurri e Assessment Services Substance Abuse Evaluations; Juvenile Non- Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient esidential Services Outpatient - Co-Occurring Treatment; Juvenile Nor- | ng Treatment; Adult Residential Services patient - Family; Ju | t Non-Residential s venile Non-Residential |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Dutpatient 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 Merapy-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)261-6667 | (402)261-6526 |
| | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Re Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpatien | ng Treatment; Adult Residential Services patient - Family; Ju h-Residential Service t Therapy including | t Non-Residential s venile Non-Residential es Intensive Family Sessions- |
| Other Services: | | g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Intensive Outpatient (Medicaid); Assessment: Mental Status Exam (MSE); | | |
| Johnson, Kathleen | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Assessm | ent: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Kathleen | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Outpatient Therapy | | |
| | (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Assessm | ent: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | | | |

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|---|------------------------------|-------------------------------------|---------------|-----|
| Name | Agency | Address | Phone | Fax |
| Johnson, Terence | Community Justice Center | 2401 Lake St Ste 240 Omaha NB 68111 | (402)452-1929 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Johnson, Terence | Community Justice Center | 2401 Lake St Ste 240 Omaha NB 68111 | (402)452-1929 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Jones, China | P.U.S.H. Transitional Living | 2620 N. 34th Omaha NB 68111 | (402)505-1864 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Jones, China | F.R.O.G. Transitional Living | 1714 Sahler Omaha NB 68110 | (402)505-1864 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Jones, China | P.U.S.H. Transitional Living | 2620 N. 34th Omaha NB 68111 | (402)505-1864 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Jones, China | F.R.O.G. Transitional Living | 1714 Sahler Omaha NB 68110 | (402)505-1864 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |

| Name | Agency | Address | Phone | Fax |
|---|---|---|--|---|
| Jones, Connie | Our Square LLC | 6120 Sprague St Omaha NB 68104 | (402)210-7123 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse | Evaluations; Adult Non-Residential Services Intensive Outpatie | nt Treatment | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | ; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Jones, Connie | | 1941 S 42nd St Ste 110 Omaha NB 68105 | (402)210-7123 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse | Evaluations; Adult Non-Residential Services Intervention/Educa | ation | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | ; Outpatient Therapy | | |
| Juvenile Services: | | Outpatient Therapy including Group Sessions-Mental Health; C | Dutpatient Therapy including Fa | mily Sessions- |
| Other Services: | Mental Health; Assessment: Pre-Treatment As | sessment (wedicaid) | | |
| Jones, Connie | | 1941 S 42nd St Ste 110 Omaha NB 68105 | (402)210-7123 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse | Evaluations; Adult Non-Residential Services Intervention/Educa | ation | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | ; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Mental Health; Assessment: Pre-Treatment As | Outpatient Therapy including Group Sessions-Mental Health; C sessment (Medicaid) | Dutpatient Therapy including Fa | mily Sessions- |
| Other Services: | | | | |
| Jones, Connie | Our Square LLC | 6120 Sprague St Omaha NB 68104 | (402)210-7123 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse | Evaluations; Adult Non-Residential Services Intensive Outpatie | nt Treatment | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | ; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Calci Services. | | | | |
| Jones, Kimberly | Eastern Nebraska Community Action Partnership Inc | 2406 Fowler Avenue Omaha NB 68111 | (402)453-5656 | |
| Jones, Kimberly Substance Abuse Services: | Partnership Inc Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outpa Co-Occurring Treatment; Juvenile Assessment Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - | Evaluations; Adult Non-Residential Services Intervention/Education - Family; Adult Non-Residential Services Outpatient - Indiv Services Substance Abuse Evaluations; Juvenile Non-Resider Juvenile Non-Residential Services Outpatient - Family; Juvenil Co-Occurring Treatment | ation; Adult Non-Residential Se vidual; Adult Non-Residential Se ntial Services Intervention/Educ | ervices Outpatie ation; Juvenile |
| Jones, Kimberly Substance Abuse Services: Mental Health Services: | Partnership Inc Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outpa Co-Occurring Treatment; Juvenile Assessment Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Pre-Treatment Assessment (bio-psychosocial) | Evaluations; Adult Non-Residential Services Intervention/Educa tient - Family; Adult Non-Residential Services Outpatient - Indiv Services Substance Abuse Evaluations; Juvenile Non-Residen Juvenile Non-Residential Services Outpatient - Family; Juvenil Co-Occurring Treatment ; Co-Occurring; Outpatient Therapy | ation; Adult Non-Residential Se vidual; Adult Non-Residential Se ntial Services Intervention/Educ le Non-Residential Services Ou | ervices Outpatie cation; Juvenile tpatient - Indivie |
| Jones, Kimberly Substance Abuse Services: Mental Health Services: Juvenile Services: | Partnership Inc Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outpa Co-Occurring Treatment; Juvenile Assessment Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Pre-Treatment Assessment (bio-psychosocial) Outpatient Therapy - Individual-Mental Health; | Evaluations; Adult Non-Residential Services Intervention/Education - Family; Adult Non-Residential Services Outpatient - Indiv Services Substance Abuse Evaluations; Juvenile Non-Resider Juvenile Non-Residential Services Outpatient - Family; Juvenil Co-Occurring Treatment | ation; Adult Non-Residential Se vidual; Adult Non-Residential Se ntial Services Intervention/Educ le Non-Residential Services Ou Dutpatient Therapy including Fa | ervices Outpati cation; Juvenile tpatient - Indivi unily Sessions- |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|--|
| 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 Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | Adult Non-Residential structure intervention/Edu | Services Outpatient - ucation; Juvenile |
| | Pre-Treatment Assessment (bio-psychosocial); C | 5 , 1 1 , | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Out Mental Health; Outpatient Therapy - Eating Disor Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment | nt Therapy including F t Assessment (Medica | Family Sessions- id); Assessment: Co- |
| Other Services: | Sliding Fee Scale; | | | |
| Joseph, Paige | Heartland Family Service | 4847 Sahler Omaha NB 68104 | (402)800-3268 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occur | | ervices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | ing riedinent | |
| Juvenile Services: | | 0, 1 TY | | |
| Other Services: | Sliding Fee Scale; | | | |
| Joseph, Paige | Heartland Family Service | 4847 Sahler Omaha NB 68104 | (402)800-3268 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occur | | ervices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | 9 | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kaipust, Jamie | A Desired Life Therapy and Counseling LLC | 8031 West Center Road Suite 210 Omaha NB 68124 | (402)990-7362 | (402)763-8915 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Family; Adult nce Abuse Evaluations; Juvenile Non-Residential Services Outpatie | | |
| Mental Health Services: | | Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient | Therapy | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatie ient: Mental Status Exam (MSE) | ent Therapy - Co-occu | rring; Assessment: |
| Other Services: | Bilingual Services; | | | |

| Name | Agency | Address | Phone | Fax |
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| Kaipust, Jamie | A Desired Life Therapy and Counseling LLC | 8031 West Center Road Suite 210 Omaha NB 68124 | (402)990-7362 | (402)763-8915 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Family; Adult I ance Abuse Evaluations; Juvenile Non-Residential Services Outpatien | | |
| Mental Health Services: | | Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient | Therapy | |
| | Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatien nent: Mental Status Exam (MSE) | nt Therapy - Co-occ | urring; Assessment: |
| Other Services: | Bilingual Services; | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Kimmerling, Katherine | The Bridge Behavioral Health Inc | 721 K St. Lincoln NB 68508 | (402)477-3951 | (402)477-3922 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| | Sliding Fee Scale; | | | |

| 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 Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; Ac Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| 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 S Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Treatment | valuations; Adult Non-Residential Services Care Monitoring SA/MH; A ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Adult Residential Services D venile Assessment Services Substance Abuse Evaluations; Juvenile N atient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Resider | dult Non-Residential Dual Residential (MH Ion-Residential Serv /; Juvenile Non-Res | Services Outpatient //SA); Adult vices Care Monitoring idential Services |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | | 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 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpaties | valuations; Adult Non-Residential Services Care Monitoring SA/MH; A ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad 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-Resider | dult Non-Residential Dual Residential (MH Non-Residential Serv /; Juvenile Non-Res | Services Outpatient //SA); Adult vices Care Monitoring idential Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive Out | 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 Outpatien Services Intensive Outpatient Treatment; Juvenil | valuations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- amily; Juvenile Non-Residential Services Outpatient - Individual; Juve | ing Treatment; Adult Residential Services | t Non-Residential s Outpatient - Groups |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|--|
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); 0 | Dutpatient Therapy | | |
| Juvenile Services: | | eatment: Mentoring; Outpatient Therapy - Individual-Menta ment Assessment (Medicaid); Assessment: Mental Status | | uding Family |
| Other Services: | Bilingual Services; | | | |
| Kola, Betty | Buoyant Family Services Counseling and Consulting LLC | The Center-Suite 106 1941 S 42nd St Omaha NB | 68105 (402)905-1120 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juveni | valuations; Adult Non-Residential Services Outpatient - Grunt - Individual; Adult Non-Residential Services Outpatient - le Assessment Services Substance Abuse Evaluations; Ju Family; Juvenile Non-Residential Services Outpatient - Indi | Co-Occurring Treatment; Adult venile Non-Residential Services | Non-Residential Outpatient - Groups |
| | Pre-Treatment Assessment (bio-psychosocial); (| | | |
| Juvenile Services: | | eatment: Mentoring; Outpatient Therapy - Individual-Menta ment Assessment (Medicaid); Assessment: Mental Status | | uding Family |
| Other Services: | Bilingual Services; | | | |
| Korner, Jennifer | Hope and Wellness Center PC | 11414 W. Center Road, Suite #300 Omaha NB 6 | 8144 (402)639-2901 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Abuse Evaluations; Juvenile Non-Residential Se | valuations; Adult Non-Residential Services Outpatient - Ind rvices Outpatient - Individual | lividual; Juvenile Assessment Se | rvices Substance |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C | utpatient Therapy - Co-occurring | | |
| Other Services: | | | | |
| Korner, Jennifer | Hope and Wellness Center PC | 11414 W. Center Road, Suite #300 Omaha NB 6 | 8144 (402)639-2901 | |
| | Abuse Evaluations; Juvenile Non-Residential Se | valuations; Adult Non-Residential Services Outpatient - Ind rvices Outpatient - Individual | lividual; Juvenile Assessment Se | rvices Substance |
| Mental Health Services: | 1 13 | | | |
| | Outpatient Therapy - Individual-Mental Health; C | utpatient Therapy - Co-occurring | | |
| Other Services: | | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Outpatient - Grunt - Individual; Adult Non-Residential Services Outpatient - Ion-Residential Services Partial Care; Adult Residential Ser I Services Short Term Residential | Co-Occurring Treatment; Adult | Non-Residential |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Ion-Residential Services Partial Care; Adult Residential Services Dua I Services Short Term Residential | ring Treatment; Adult | Non-Residential |
| | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Outpatien | it Therapy | | |
| | Outpatient Therapy including Group Sessions-M Sexually Harm; Outpatient Therapy - Eating Disc Outpatient Therapy-Youth Who Sexually Harm; I | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental H order; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal Intensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment | ealth; Outpatient The | erapy - Youth Who ent: Intensive |
| Other Services: | | | | |
| | | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Kroeker, Sandra Substance Abuse Services: | | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: Mental Health Services: | Adults who Sexually Harm Evaluation; Outpatien Non-Treatment: Anger Management Class; Non- Outpatient Therapy including Group Sessions-M Sexually Harm; Outpatient Therapy - Eating Disc Outpatient Therapy-Youth Who Sexually Harm; I | | ent Therapy - Individu ealth; Outpatient The | ual-Mental Health; erapy - Youth Who ent: Intensive |
| Substance Abuse Services: Mental Health Services: | Adults who Sexually Harm Evaluation; Outpatien Non-Treatment: Anger Management Class; Non- Outpatient Therapy including Group Sessions-M Sexually Harm; Outpatient Therapy - Eating Disc Outpatient Therapy-Youth Who Sexually Harm; I Assessment: Mental Status Exam (MSE); Assess | nt Therapy -Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental H brder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal Intensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme | ent Therapy - Individu ealth; Outpatient The | ual-Mental Health; erapy - Youth Who ent: Intensive |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Adults who Sexually Harm Evaluation; Outpatien Non-Treatment: Anger Management Class; Non- Outpatient Therapy including Group Sessions-M Sexually Harm; Outpatient Therapy - Eating Disc Outpatient Therapy-Youth Who Sexually Harm; I Assessment: Mental Status Exam (MSE); Assess | nt Therapy -Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental H brder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal Intensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme | ent Therapy - Individu ealth; Outpatient The | ual-Mental Health; erapy - Youth Who ent: Intensive |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Adults who Sexually Harm Evaluation; Outpatien Non-Treatment: Anger Management Class; Non- Outpatient Therapy including Group Sessions-M Sexually Harm; Outpatient Therapy - Eating Disc Outpatient Therapy-Youth Who Sexually Harm; I Assessment: Mental Status Exam (MSE); Assess Carole's House of Hope | nt Therapy -Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental H order; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal Intensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment | ent Therapy - Individu lealth; Outpatient The th; Intensive Outpati ent: Pre-Treatment A | ual-Mental Health; erapy - Youth Who ent: Intensive |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Kusek, Alice | Adults who Sexually Harm Evaluation; Outpatien Non-Treatment: Anger Management Class; Non- Outpatient Therapy including Group Sessions-M Sexually Harm; Outpatient Therapy - Eating Disc Outpatient Therapy-Youth Who Sexually Harm; I Assessment: Mental Status Exam (MSE); Assess Carole's House of Hope | nt Therapy -Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental H order; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal Intensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment | ent Therapy - Individu lealth; Outpatient The th; Intensive Outpati ent: Pre-Treatment A | ual-Mental Health; erapy - Youth Who ent: Intensive |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Kusek, Alice Substance Abuse Services: | Adults who Sexually Harm Evaluation; Outpatien Non-Treatment: Anger Management Class; Non- Outpatient Therapy including Group Sessions-M Sexually Harm; Outpatient Therapy - Eating Disc Outpatient Therapy-Youth Who Sexually Harm; I Assessment: Mental Status Exam (MSE); Assess Carole's House of Hope Outpatient Therapy | nt Therapy -Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental H order; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal Intensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment | ent Therapy - Individu lealth; Outpatient The th; Intensive Outpati ent: Pre-Treatment A | ual-Mental Health; erapy - Youth Who ent: Intensive |

| Name Agency Address Phone Fax Kusek, Alice Carole's House of Hope 7815 Hamey St. Omaha NB 68114 (402)991-4673 Substance Abuse Services: Outpatient Therapy Juvenile Services: | | | | | |
|--|---|--|--|--|---|
| Substance Abuse Services: Outpatient Therapy Jurenile Services: Other Services: Cher Services: Other Services: Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations: Juvenile Assessment Services Substance Abuse Evaluations Mantal Health Services: PerTreatment Assessment (bio-psychosocial); Co-Occurring: Outpatient Therapy Juvenile Services: Gther Services: Conter Services: Adult Assessment Services Substance Abuse Evaluations: Juvenile Assessment Services Substance Abuse Evaluations Mental Health Services: PerTreatment Assessment (bio-psychosocial); Co-Occurring: Outpatient Therapy Juvenile Services: Other Services: Guiter Services: Other Services: Other Services: Other Services: Other Services: Gther Services: Other Services: Statiance Abuse Services: Other Services: Statiance Abuse Services: Other Services: Statiance Abuse Services: Outpatient Individual, Adult Mon-Residential Services Outpatient - Co-Occurring Teatment Juvenile Services Substance Abuse Services: Substance Abuse Services: Statiance Abuse Services: Outpatient - Individual, Adult Mon-Residential Services Outpatient - Co-Occurring | Name | Agency | Address | Phone | Fax |
| Mental Health Services: Outpatient Therapy Juvenile Services: Juvenile Services: Juvenile Services Substance Abuse Evaluations; Juvenile Assessment Services Substance Abuse Evaluations Mental Health Services: Adult Assessment Services Substance Abuse Evaluations; Juvenile Assessment Services Substance Abuse Evaluations Mental Health Services: Pro Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Juvenile Services: Soliding Fee Scale; Lanning, Krystal Heartland Family Service 2101 S 42nd St. Omnah NB 68105 (402)553-3000 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Juvenile Assessment Services Substance Abuse Evaluations Mental Health Services: Pro-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Juvenile Services: Other Services: Substance Abuse Evaluations; Juvenile Assessment Services Substance Abuse Evaluations Mental Health Services: Pro-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Juvenile Services: Other Services: Substance Abuse Evaluations; Adult Non-Residential Services Substance Abuse Evaluations; Adult Non-Residential Services Courring; Outpatient - Ternity; Adult Non-Residential Services Outpatient - Corougr: Adult Non-Residential Services Outpatient - Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Corougr: Juvenile Non-Residential Services Outpatient - Individual, Juvenile Non-Residential Services Outpatient - Corougr: Juvenile Non-Residential Services Outpatient - Corou | Kusek, Alice | Carole's House of Hope | 7815 Harney St Omaha NB 68114 | (402)991-4673 | |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Juvenile Assessment Services Substance Abuse Evaluations Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Juvenile Services: Other Services: Other Services: Biding Fee Scale; Lanning, Krystal Heartland Family Service 2101 S 42nd St Omaha NB 68105 (402)553-3000 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Juvenile Assessment Services Substance Abuse Evaluations Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Juvenile Services: Other Services: Other Services: Other Services: Biding Fee Scale; 1 Larson, Alee Capstone Behavioral Health 1941 South 42nd Street Suite 328 Omaha NB 68105 (402)614-8444 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Juvenile Assessment Services Substance Abuse Coupatient - Individual; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juveni | Mental Health Services: Juvenile Services: | Outpatient Therapy | | | |
| Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Juvenile Services: Stiding Fee Scale; Lanning, Krystal Heartland Family Service 2101 S 42nd St Omaha NB 68105 (402)553-3000 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Juvenile Assessment Services Substance Abuse Evaluations (402)653-3000 Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy (402)614-8444 Substance Abuse Services: Substance Abuse Services: Adult Assessment Services Outpatient - Co-Occurring Treatment Substance Abuse Services: Adult Non-Residential Services Outpatient - Co-Occurring Treatment Juvenie Assessment Services Care Monitoring SAMH; Adult Non-Residential Services Outpatient - Co-Occurring Treatment Juvenie Non-Residential Services Outpatient - Co-Occurring Treatment - Substance Abuse Evaluations; Juvenie Non-Residential Services Outpatient - Co-Occurring Treatment - Services: Mental Health Services: Outpatient - Co-Occurring To Countring: Outpatient - Therapy Juvenie Services: Outpatient - Co-Occurring: Outpatient - Therapy Juve | Lanning, Krystal | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)553-3000 | |
| Juvenile Services: Stiding Fee Scale; Lanning, Krystal Heartland Family Service 2101 S 42nd St Omaha NB 68105 (402)553-3000 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Juvenile Assessment Services Substance Abuse Evaluations Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Juvenile Services: Stiding Fee Scale; Larson, Alee Capstone Behavioral Health 1941 South 42nd Street Suite 328 Omaha NB 68105 (402)614-8444 Substance Abuse Services: Adult Assessment Services Soutpatient - foroups; Juvenile Non-Residential Services Couptaient - Family: Adult Non-Residential Services Couptaient - Family: Adult Non-Residential Services Couptaient - Family: Adult Non-Residential Services Soutpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Soutpatient - Groups; Juvenile Non-Residential Services Couptaient - Family; Juvenile Non-Residential Services Soutpatient - Groups; Juvenile Non-Residential Services Soutpatient - Family; Juvenile Non-Residential Services Soutpatient - Family; Juvenile Non-Residential Services Soutpatient - Pre-Sidential Services Soutpatient - Individual; Juvenile Non-Residential Services Soutpatient - Co-Occurring; Outpatient Therapy Mental Health Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Mental Status Exam (MSE) Other Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Mental Services Soutpatient - G | Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations; Juvenile Assessment Services Substance Abuse Evaluation | ons | |
| Other Services: Silding Fee Scale; Lanning, Krystal Heartland Family Service 2101 S 42nd St Omaha NB 68105 (402)553-3000 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Juvenile Assessment Services Substance Abuse Evaluations Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Juvenile Services: Other Services: Other Services: Capstone Behavioral Health 1941 South 42nd Street Suite 328 Omaha NB 68105 (402)614-8444 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Care Monitoring SAMH; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Care Monitoring SAMH; Adult Non-Residential Services Care Monitoring SAMH; Juvenile Non-Residential Services Care Monitoring SAMH; Juvenile Non-Residential Services Care Monitoring SAMH; Juvenile Non-Residential Services Care Monitoring SAMH, Mit. Juvenile Non-Residential Services Care Monitoring SAMH, Adult Non-Residential Services Care Monitoring SAMH, Mit. Juvenile Non-Residential Services Care Monitoring SAMH, Mit. Juvenile Non-Residential Services Care Monitoring SAMH, Adult Non-Residential Services Care Monitoring SAMH (Mit Mather Metal Health; Outpatient Therapy Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient The | | | Co-Occurring; Outpatient Therapy | | |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Juvenile Assessment Services Substance Abuse Evaluations Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Juvenile Services: Other Services: Other Services: Sliding Fee Scale; Larson, Alee Capstone Behavioral Health 1941 South 42nd Street Suite 328 Omaha NB 68105 (402)614-8444 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 Outpatient - Co-Occurring Treatment Services Outpatient - Co-Occurring; Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Services Outpatient - Co-Occurring; Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-Occurring; Outpatient Therapy Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy Juvenile Services: O | | | | | |
| Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Juvenile Services: Other Services: Other Services: Sliding Fee Scale; Larson, Alee Capstone Behavioral Health 1941 South 42nd Street Suite 328 Omaha NB 68105 (402)614-8444 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Services Outpatient - Co-Occurring; Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Mon-Residential Services Outpatient - Services Outpatient - Services Outpatient - Services Outpatient - Co-Occurring; Outpatient - Individual; Moun-Residential Services Outpatient - Monitoring SAMH; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Co-Occurring; Nuelle Non-Residential Services Outpatient - Individual; Adult Non-Residential Services | Lanning, Krystal | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)553-3000 | |
| Juvenile Services: Other Services: Sliding Fee Scale; Larson, Alee Capstone Behavioral Health 1941 South 42nd Street Suite 328 Omaha NB 68105 (402)614-8444 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-occurring; Outpatient Therapy Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy Juvenile Services: Other Services: Other Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy Juvenile Services: Other Services: Other Services: Outpatient Health Substance Abuse Service: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Ou | Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations; Juvenile Assessment Services Substance Abuse Evaluation | ons | |
| Other Services Sliding Fee Scale; Larson, Alee Capstone Behavioral Health 1941 South 42nd Street Suite 328 Omaha NB 68105 (402)614-8444 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 Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Substance Abuse Evaluations; Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Substance Abuse Evaluations; Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring; Outpatient Therapy Mental Health Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy Other Services: Capstone Behavioral Health 1941 South 42nd Street Suite 328 Omaha NB 68105 (402)614-8444 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Substance Abuse Evaluati | Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Larson, Alee Capsone Behavioral Health 1941 South 42nd Street Suite 328 Omaha NB 68105 (402)614-8444 Substance Abuse Services Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family; 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 - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring; Outpatient Therapy Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Outpatient Therapy - Co-occurring; Assessment: Mental Status Exam (MSE) Other Services: Uptatient Therapy - Individual-Mental Health; Outpatient Therapy Substance Abuse Services: Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - | Juvenile Services: | | | | |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Co-Occurring; Dupatient - Co-Occurring; Adult Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Outpatient - Co-Occurring; Dupatient - Co-Occurring; Dupatient - Co-Occurring; Dupatient - Co-Occurring; Dupatient - Co-Occurring; Outpatient - Family; Juvenile Non-Residential Services Mental Health Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Mental Status Exam (MSE) Other 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 Care Monitoring SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Care Monitoring SA/MH; Adult Non-Residential Services Care Monitoring SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Care Monitoring SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Care Monitoring SA/MH; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Teatment; Juvenile Assessment S | Other Services: | Sliding Fee Scale; | | | |
| Monitoring SA/MH; 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 - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Services: Larson, Alee Capstone Behavioral Health 1941 South 42nd Street Suite 328 Omaha NB 68105 (402)614-8444 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Groups; Juve | Larson, Alee | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)614-8444 | |
| Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Mental Status Exam (MSE) Other Services: Capstone Behavioral Health 1941 South 42nd Street Suite 328 Omaha NB 68105 (402)614-8444 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 Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Goups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy | | 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 | es Outpatient - Groups; Adult Non-Residential Services Outpatient - I rvices 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-Resid ervices Substance Abus I; Juvenile Non-Residen | lential Services e Evaluations; tial Services |
| Mental Status Exam (MSE) Other Services: Larson, Alee Capstone Behavioral Health 1941 South 42nd Street Suite 328 Omaha NB 68105 (402)614-8444 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 - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy | | | | | |
| Larson, Alee Capstone Behavioral Health 1941 South 42nd Street Suite 328 Omaha NB 68105 (402)614-8444 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 - Individual; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy | Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie | nt Therapy - Co-occurrir | ng; Assessment: |
| 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 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 - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy | Other Services: | , , , , , , , , , , , , , , , , , , , | | | |
| 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 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 - 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; Outpatient Therapy | | • | | (-) | |
| | | 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 | es Outpatient - Groups; Adult Non-Residential Services Outpatient - I rvices 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-Resid ervices Substance Abus ł; Juvenile Non-Residen | lential Services e Evaluations; tial Services |
| | | | 0 , 1 , 1 , | nt Therapy - Co-occurrir | na: |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|------------------------|------------------|
| | Assessment: Mental Status Exam (MSE) | | | |
| Other Services: | | | | |
| Larson, Bridget | Larson Psychology Services LLC | 2730 S 87th Ave Omaha NB 68124 | (402)331-8085 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Psycholog | ical Evaluation; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Assessment: Psychological Evaluation | Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | Outpatient Psychiatric | Evaluation; |
| Other Services: | , , | | | |
| Larson, Bridget | Larson Psychology Services LLC | 2730 S 87th Ave Omaha NB 68124 | (402)331-8085 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Psycholog | ical Evaluation; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Assessment: Psychological Evaluation | Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | Outpatient Psychiatric | Evaluation; |
| Other Services: | | | | |
| 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; A nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Intervention/Education; Juvenile Non-Re o-Occurring Treatment | urring Treatment; Juve | enile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Occurring | utpatient Therapy - Co-occurring; Assessment: Pre-Treatment Asse | essment (Medicaid); As | ssessment: Co- |
| Other Services: | - | | | |
| 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; A nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Intervention/Education; Juvenile Non-Re o-Occurring Treatment | urring Treatment; Juve | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | - | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Occurring | utpatient Therapy - Co-occurring; Assessment: Pre-Treatment Asse | essment (Medicaid); As | ssessment: Co- |
| 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 | aluations; Adult Non-Residential Services Intervention/Educat ent - Family; Adult Non-Residential Services Outpatient - Indivi services Substance Abuse Evaluations; Juvenile Non-Residen uvenile Non-Residential Services Outpatient - Family; Juvenile co-Occurring Treatment | dual; Adult Non-Residential Se tial Services Intervention/Educ | ervices Outpatient ation; Juvenile |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; As | ssessment: Mental Status Exam (MSE) | | |
| Other Services: | Sliding Fee Scale; | | | |
| Leddy, Kayla | Clearwater Counseling | 7701 Pacific St Ste 100A Omaha NB 68114 | (308)210-8487 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | 0 | dual; Adult Non-Residential Se tial Services Intervention/Educ | ervices Outpatient - cation; Juvenile |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health: As | | | |
| | Outpatient Therapy - Individual-Mental Health; As | | | |
| | Outpatient Therapy - Individual-Mental Health; As Sliding Fee Scale; | | | |
| | | | (402)292-9105 | |
| Other Services: Lemen, Jason Substance Abuse Services: | Sliding Fee Scale; Lutheran Family Services of NE Inc Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Pre-Treatment Assessment (bio-psychosocial); C | ssessment: Mental Status Exam (MSE) 11515 S39th St Suite 300 Bellevue NB 68123 raluations; Adult Non-Residential Services Intervention/Educat ent - Family; Adult Non-Residential Services Outpatient - Indivi Services Intensive Outpatient Treatment | ion; Adult Non-Residential Se | |
| Other Services: Lemen, Jason Substance Abuse Services: Mental Health Services: Juvenile Services: | Sliding Fee Scale; Lutheran Family Services of NE Inc Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Pre-Treatment Assessment (bio-psychosocial); C | ssessment: Mental Status Exam (MSE) 11515 S39th St Suite 300 Bellevue NB 68123 raluations; Adult Non-Residential Services Intervention/Educat ent - Family; Adult Non-Residential Services Outpatient - Indivi Services Intensive Outpatient Treatment | ion; Adult Non-Residential Se | |
| Other Services: Lemen, Jason Substance Abuse Services: Mental Health Services: Juvenile Services: | Sliding Fee Scale; Lutheran Family Services of NE Inc Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Pre-Treatment Assessment (bio-psychosocial); C | ssessment: Mental Status Exam (MSE) 11515 S39th St Suite 300 Bellevue NB 68123 raluations; Adult Non-Residential Services Intervention/Educat ent - Family; Adult Non-Residential Services Outpatient - Indivi Services Intensive Outpatient Treatment | ion; Adult Non-Residential Se | |
| Other Services: Lemen, Jason Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Lemen, Jason Substance Abuse Services: Mental Health Services: | Sliding Fee Scale; Lutheran Family Services of NE Inc Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Pre-Treatment Assessment (bio-psychosocial); C Sliding Fee Scale; Lutheran Family Services of NE Inc Adult Assessment Services Substance Abuse Ev | 11515 S39th St Suite 300 Bellevue NB 68123 raluations; Adult Non-Residential Services Intervention/Educated and - Family; Adult Non-Residential Services Outpatient - Individential Services Intensive Outpatient Treatment Co-Occurring; Outpatient Therapy 11515 S39th St Suite 300 Bellevue NB 68123 raluations; Adult Non-Residential Services Intervention/Educated and - Family; Adult Non-Residential Services Outpatient - Individent - Family; Services Intensive Outpatient - Famil | ion; Adult Non-Residential Se dual; Adult Non-Residential Se (402)292-9105 ion; Adult Non-Residential Se | ervices Outpatient |
| Other Services: Lemen, Jason Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Lemen, Jason Substance Abuse Services: | Sliding Fee Scale; Lutheran Family Services of NE Inc Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Pre-Treatment Assessment (bio-psychosocial); C Sliding Fee Scale; Lutheran Family Services of NE Inc Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S | 11515 S39th St Suite 300 Bellevue NB 68123 raluations; Adult Non-Residential Services Intervention/Educated and - Family; Adult Non-Residential Services Outpatient - Individential Services Intensive Outpatient Treatment Co-Occurring; Outpatient Therapy 11515 S39th St Suite 300 Bellevue NB 68123 raluations; Adult Non-Residential Services Intervention/Educated and - Family; Adult Non-Residential Services Outpatient - Individent - Family; Services Intensive Outpatient - Famil | ion; Adult Non-Residential Se dual; Adult Non-Residential Se (402)292-9105 ion; Adult Non-Residential Se | ervices Outpatient |

| Name | Agency | Address | Phone | Fax |
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| Liester, Courtney | Courtney Liester LLC | 7905 L St Suite 410 Omaha NB 68127 | (402)577-0173 | • |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Family; Ad nce Abuse Evaluations; Juvenile Non-Residential Services Outpa | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| | Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatient: Co-Occurring | atient Therapy - Co-occ | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Liester, Courtney | Courtney Liester LLC | 7905 L St Suite 410 Omaha NB 68127 | (402)577-0173 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Family; Ad nce Abuse Evaluations; Juvenile Non-Residential Services Outpa | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpa ient: Co-Occurring | atient Therapy - Co-occ | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | - | | |
| Lindner, Jennifer | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); P | sychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Contemport | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | | | |
| Lindean lanaifan | | | | |
| Lindher, Jennifer | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | Capstone Behavioral Health Pre-Treatment Assessment (bio-psychosocial); P | | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); P | | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); P | Psychological Evaluation | (402)614-8444 | (402)614-8443 |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); P | Psychological Evaluation | (402)614-8444 (402)991-8824 | (402)614-8443 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Louderback, Thomas | Pre-Treatment Assessment (bio-psychosocial); P Outpatient Therapy - Individual-Mental Health; O Valley Hope Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie | Psychological Evaluation utpatient Therapy including Family Sessions-Mental Health 7703 Serum Ave Omaha NB 68127 raluations; Adult Non-Residential Services Intervention/Education; ont - Family; Adult Non-Residential Services Outpatient - Individual | (402)991-8824 Adult Non-Residential | Services Outpatient |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: _ouderback, Thomas Substance Abuse Services: | Pre-Treatment Assessment (bio-psychosocial); P Outpatient Therapy - Individual-Mental Health; Ou Valley Hope Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S | Psychological Evaluation utpatient Therapy including Family Sessions-Mental Health 7703 Serum Ave Omaha NB 68127 raluations; Adult Non-Residential Services Intervention/Education; ont - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment | (402)991-8824 Adult Non-Residential | Services Outpatient |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Louderback, Thomas Substance Abuse Services: | Pre-Treatment Assessment (bio-psychosocial); P Outpatient Therapy - Individual-Mental Health; O Valley Hope Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie | Psychological Evaluation utpatient Therapy including Family Sessions-Mental Health 7703 Serum Ave Omaha NB 68127 raluations; Adult Non-Residential Services Intervention/Education; ont - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment | (402)991-8824 Adult Non-Residential | Services Outpatient |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|--------------------|
| Louderback, Thomas | Valley Hope | 7703 Serum Ave Omaha NB 68127 | (402)991-8824 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Luck, Jonnae | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7403 | (402)552-7444 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | vices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | ing realized | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Luck, Jonnae | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7403 | (402)552-7444 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | vices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | 0 | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Mackey, Kimberly | Boys Town | 14092 Hospital Rd Boys Town NB 68010 | (531)355-5409 | (531)355-5499 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juve ntial Services Outpa | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Psychiat | ric Residential Treat | ment Facility; |
| Other Services: | Assessment: Pre-Treatment Assessment (Medica Sliding Fee Scale; | aid); Assessment: Mental Status Exam (MSE) | | |
| Mackey, Kimberly | Boys Town | 14092 Hospital Rd Boys Town NB 68010 | (531)355-5409 | (531)355-5499 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult 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 |

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| Name | Agency | Address | Phone | Fax |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C Assessment: Pre-Treatment Assessment (Medic | outpatient Therapy including Family Sessions-Mental Health; aid); Assessment: Mental Status Exam (MSE) | Psychiatric Residential Treatme | nt Facility; |
| Other Services: | Sliding Fee Scale; | | | |
| Mahnke, Ryan | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)214-9254 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual | valuations; Adult Non-Residential Services Outpatient - Grou | ups; Adult Non-Residential Servic | ces Outpatient |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Mahnke, Ryan | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)214-9254 | |
| | | | | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Grou | ups; Adult Non-Residential Servic | ces Outpatient |
| | Individual | valuations; Adult Non-Residential Services Outpatient - Grou | ups; Adult Non-Residential Servic | ces Outpatient |
| Mental Health Services: | Individual Outpatient Therapy | valuations; Adult Non-Residential Services Outpatient - Grou | ups; Adult Non-Residential Servic | ces Outpatient |
| | Individual Outpatient Therapy | valuations; Adult Non-Residential Services Outpatient - Grou | ups; Adult Non-Residential Servic | ces Outpatient |
| Mental Health Services: Juvenile Services: | Individual Outpatient Therapy | valuations; Adult Non-Residential Services Outpatient - Grou 2126 N 117th Ave Omaha NB 68164 | ups; Adult Non-Residential Servic (402)403-5134 | ces Outpatient |
| Mental Health Services: Juvenile Services: Other Services: Manning, Tia | Individual Outpatient Therapy Wholehearted Therapy Adult Assessment Services Substance Abuse Explanation | 2126 N 117th Ave Omaha NB 68164 valuations; Adult Non-Residential Services Outpatient - Grou | (402)403-5134 ups; Adult Non-Residential Servic | ces Outpatient |
| Mental Health Services: Juvenile Services: Other Services: Manning, Tia | Individual Outpatient Therapy Wholehearted Therapy Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpatient | 2126 N 117th Ave Omaha NB 68164 valuations; Adult Non-Residential Services Outpatient - Grou atient - Co-Occurring Treatment; Juvenile Non-Residential Services | (402)403-5134 ups; Adult Non-Residential Servic ervices Outpatient - Groups; Juve | - ces Outpatient |
| Mental Health Services: Juvenile Services: Other Services: Manning, Tia Substance Abuse Services: | Individual Outpatient Therapy Wholehearted Therapy Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpatient | 2126 N 117th Ave Omaha NB 68164 valuations; Adult Non-Residential Services Outpatient - Grou atient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Tr | (402)403-5134 ups; Adult Non-Residential Servic ervices Outpatient - Groups; Juve | ces Outpatient |
| Mental Health Services: Juvenile Services: Other Services: Manning, Tia Substance Abuse Services: | Individual Outpatient Therapy Wholehearted Therapy Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpatient - Individual; Juve | 2126 N 117th Ave Omaha NB 68164 valuations; Adult Non-Residential Services Outpatient - Grou atient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Tr | (402)403-5134 ups; Adult Non-Residential Servic ervices Outpatient - Groups; Juve | ces Outpatient |
| Mental Health Services: Juvenile Services: Other Services: Manning, Tia Substance Abuse Services: Mental Health Services: | Individual Outpatient Therapy Wholehearted Therapy Adult Assessment Services Substance Abuse Ex Individual; Adult Non-Residential Services Outpatient - Individual; Juve Residential Services Outpatient - Individual; Juve Pre-Treatment Assessment (bio-psychosocial); C | 2126 N 117th Ave Omaha NB 68164 valuations; Adult Non-Residential Services Outpatient - Grou atient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Tr | (402)403-5134 ups; Adult Non-Residential Servic ervices Outpatient - Groups; Juve | ces Outpatient |
| Mental Health Services: Juvenile Services: Other Services: Manning, Tia Substance Abuse Services: Mental Health Services: Juvenile Services: | Individual Outpatient Therapy Wholehearted Therapy Adult Assessment Services Substance Abuse Ex Individual; Adult Non-Residential Services Outpatient - Individual; Juve Residential Services Outpatient - Individual; Juve Pre-Treatment Assessment (bio-psychosocial); C | 2126 N 117th Ave Omaha NB 68164 valuations; Adult Non-Residential Services Outpatient - Grou atient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Tr | (402)403-5134 ups; Adult Non-Residential Servic ervices Outpatient - Groups; Juve | - ces Outpatient |
| Mental Health Services: Juvenile Services: Other Services: Manning, Tia Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Individual Outpatient Therapy Wholehearted Therapy Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpatient - Individual; Juve Pre-Treatment Assessment (bio-psychosocial); O Wholehearted Therapy Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpatient | 2126 N 117th Ave Omaha NB 68164 valuations; Adult Non-Residential Services Outpatient - Grou atient - Co-Occurring Treatment; Juvenile Non-Residential Se enile Non-Residential Services Outpatient - Co-Occurring Tr Co-Occurring; Outpatient Therapy 2126 N 117th Ave Omaha NB 68164 valuations; Adult Non-Residential Services Outpatient - Grou atient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient | (402)403-5134 ups; Adult Non-Residential Servic ervices Outpatient - Groups; Juve eatment (402)403-5134 ups; Adult Non-Residential Servic ervices Outpatient - Groups; Juve | ces Outpatient enile Non- |
| Mental Health Services: Juvenile Services: Other Services: Manning, Tia Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Manning, Tia Substance Abuse Services: | Individual Outpatient Therapy Wholehearted Therapy Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpatient - Individual; Juve Pre-Treatment Assessment (bio-psychosocial); O Wholehearted Therapy Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpatient | 2126 N 117th Ave Omaha NB 68164 valuations; Adult Non-Residential Services Outpatient - Grou ttient - Co-Occurring Treatment; Juvenile Non-Residential Se enile Non-Residential Services Outpatient - Co-Occurring Tr Co-Occurring; Outpatient Therapy 2126 N 117th Ave Omaha NB 68164 valuations; Adult Non-Residential Services Outpatient - Grou atient - Co-Occurring Treatment; Juvenile Non-Residential Se enile Non-Residential Services Outpatient - Co-Occurring Tr | (402)403-5134 ups; Adult Non-Residential Servic ervices Outpatient - Groups; Juve eatment (402)403-5134 ups; Adult Non-Residential Servic ervices Outpatient - Groups; Juve | ces Outpatient enile Non- |
| Mental Health Services: Juvenile Services: Other Services: Manning, Tia Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Manning, Tia Substance Abuse Services: | Individual Outpatient Therapy Wholehearted Therapy Adult Assessment Services Substance Abuse Event Individual; Adult Non-Residential Services Outpatient - Individual; Juve Pre-Treatment Assessment (bio-psychosocial); O Wholehearted Therapy Adult Assessment Services Substance Abuse Event Individual; Adult Non-Residential Services Outpatient - Individual; Juve Residential Services Outpatient - Individual; Juve Pre-Treatment Assessment (bio-psychosocial); O | 2126 N 117th Ave Omaha NB 68164 valuations; Adult Non-Residential Services Outpatient - Grou ttient - Co-Occurring Treatment; Juvenile Non-Residential Se enile Non-Residential Services Outpatient - Co-Occurring Tr Co-Occurring; Outpatient Therapy 2126 N 117th Ave Omaha NB 68164 valuations; Adult Non-Residential Services Outpatient - Grou atient - Co-Occurring Treatment; Juvenile Non-Residential Se enile Non-Residential Services Outpatient - Co-Occurring Tr | (402)403-5134 ups; Adult Non-Residential Servic ervices Outpatient - Groups; Juve eatment (402)403-5134 ups; Adult Non-Residential Servic ervices Outpatient - Groups; Juve | ces Outpatient enile Non- |

| Name | Agency | Address | Phone | Fax |
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| Marquez, Longfellow | | 11452 Mercury St Papillion NB 68046 | (402)798-1908 | |
| Substance Abuse Services: | | ult Assessment Services Substance Abuse Evaluations; Adul Groups; Adult Non-Residential Services Outpatient - Individu | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocia | al); Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Marquez, Longfellow | | 11452 Mercury St Papillion NB 68046 | (402)798-1908 | |
| Substance Abuse Services: | | ult Assessment Services Substance Abuse Evaluations; Adul Groups; Adult Non-Residential Services Outpatient - Individu | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocia | al); Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Mathouser, Tobi | Goodwill Industries Omaha | 4805 N 72nd St Omaha NB 68134 | (402)231-1972 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Hearing Impaired; Bilingual Services; | | | |
| Mathouser, Tobi | Goodwill Industries Omaha | 4805 N 72nd St Omaha NB 68134 | (402)231-1972 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy | | | |
| Other Services: | Hearing Impaired; Bilingual Services; | | | |
| Mayfield, Latois | P.U.S.H. Transitional Living | 2620 N. 34th Omaha NB 68111 | (402)871-2952 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy | | | |
| | | | | |

| Name | Agency | Address | Phone | Fax |
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| Mayfield, Latois | P.U.S.H. Transitional Living | 2620 N. 34th Omaha NB 68111 | (402)871-2952 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| McCaghy, Peggy | Capstone Behavioral Health | 1941 S. 42nd St. STE 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); F Outpatient Therapy - Individual-Mental Health; O (Medicaid); Assessment: Mental Status Exam (M Sliding Fee Scale; | utpatient Therapy including Family Sessions-Mental Health; Asses | ssment: Pre-Treatment | Assessment |
| McCaghy, Peggy | Capstone Behavioral Health | 1941 S. 42nd St. STE 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); F Outpatient Therapy - Individual-Mental Health; O (Medicaid); Assessment: Mental Status Exam (M Sliding Fee Scale; | utpatient Therapy including Family Sessions-Mental Health; Asses | ssment: Pre-Treatment | Assessment |
| 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 | | I; Adult Non-Residentia Services Intervention/E | l Services Outpatient ducation; Juvenile |
| Juvenile Services: | Non-Treatment: General Education Class; Non-T | Freatment: Mentoring; Outpatient Therapy - Individual-Mental Heal uding Family Sessions-Mental Health; Assessment: Co-Occurring | | including 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 | | I; Adult Non-Residentia Services Intervention/E | l Services Outpatient ducation; Juvenile |
| | Non-Treatment: General Education Class; Non-T | Freatment: Mentoring; Outpatient Therapy - Individual-Mental Heal uding Family Sessions-Mental Health; Assessment: Co-Occurring | | including Group |

| Name | Agonov | Address | Phone | Fax |
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| INdifie | Agency | Address | Fliolle | Гах |
| Other Services: | | | | |
| McCullough, Cynthia | McCullough Counseling & Recovery LLC | 6572 Ames Ave Ste C Omaha NB 68104 | (402)932-2537 | (402)932-2534 |
| 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: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| McCullough, Cynthia | McCullough Counseling & Recovery LLC | 6572 Ames Ave Ste C Omaha NB 68104 | (402)932-2537 | (402)932-2534 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| McCullough, Otis | McCullough Counseling & Recovery LLC | 6572 Ames Ave Ste C Omaha NB 68104 | (402)932-2537 | (402)592-1173 |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Intervention/Education; Aduent - Family; Adult Non-Residential Services Outpatient - Individual | ult Non-Residential | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| McCullough, Otis | McCullough Counseling & Recovery LLC | 6572 Ames Ave Ste C Omaha NB 68104 | (402)932-2537 | (402)592-1173 |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Intervention/Education; Aduent - Family; Adult Non-Residential Services Outpatient - Individual | ult Non-Residential | Services Outpatient - |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| | | 11920 Burt St Suite 190 Omaha NB 68154 | (402)965-4004 | (402)932-3557 |
| McDonald, Katie | Alliance Counseling Center LLP | | (-) | (102)002 0001 |
| | Adult Assessment Services Substance Abuse Ev | raluations; Adult Non-Residential Services Outpatient - Individual; Adu | () | . , |
| Substance Abuse Services: | • | aluations; Adult Non-Residential Services Outpatient - Individual; Adu | () | . , |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Outpatient Treatment | aluations; Adult Non-Residential Services Outpatient - Individual; Adu | () | . , |

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

| Name | Agency | Address | Phone | Fax |
|---|--|---|-------------------------|--------------------|
| McDonald, Katie | Alliance Counseling Center LLP | 11920 Burt St Suite 190 Omaha NB 68154 | (402)965-4004 | (402)932-3557 |
| | Adult Assessment Services Substance Abuse Ev Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C | aluations; Adult Non-Residential Services Outpatient - Individual; A | Adult Non-Residential S | Services Intensive |
| Juvenile Services: Other Services: | | | | |
| AcGuire, Zach | Murphy's Turning Point | 1110 N 31st Ave Omaha NB 68131 | (402)598-8639 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| McGuire, Zach | The Cynthia House LLC | 3119 Myrtle Ave Omaha NB 68131 | (402)598-8639 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| McGuire, Zach | The Cynthia House LLC | 3119 Myrtle Ave Omaha NB 68131 | (402)598-8639 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| McGuire, Zach | Murphy's Turning Point | 1110 N 31st Ave Omaha NB 68131 | (402)598-8639 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Mclaurine, Marilyn | | 1927 Wirt St Omaha NB 68110 | (402)341-1821 | (402)905-9473 |
| Mental Health Services: | Adult Assessment Services Substance Abuse Ev Pre-Treatment Assessment (bio-psychosocial); C Intensive Outpatient: Intensive Outpatient Therap Assessment (Medicaid); Assessment: Mental Sta | co-Occurring by-Mental Health; Intensive Outpatient: Intensive Outpatient Therap | py-Co-occurring; Asses | ssment: Pre-Treatn |
| Other Services: | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Mclaurine, Marilyn | | 1927 Wirt St Omaha NB 68110 | (402)341-1821 | (402)905-9473 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse I | Evaluations | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | ; Co-Occurring | | |
| Juvenile Services: | | apy-Mental Health; Intensive Outpatient: Intensive Outpatient | Therapy-Co-occurring; Asses | sment: Pre-Treatmen |
| Other Services: | Assessment (Medicaid); Assessment: Mental S | Status Exam (MSE); Assessment: Co-Occurring | | |
| McNeil, Tasha | Our Square LLC | 4407 N 61st Omaha NB 68104 | (402)415-9217 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| McNeil, Tasha | Our Square LLC | 4407 N 61st Omaha NB 68104 | (402)415-9217 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| | | | | |
| Other Services: | | | | |
| Other Services: | | 4701 Van Dorn Suite B Lincoln NB 68506 | (402)440-6496 | |
| Other Services: McNichols, Stephanie | Groups; Adult Non-Residential Services Outpa Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | 4701 Van Dorn Suite B Lincoln NB 68506 Evaluations; Adult Non-Residential Services Intervention/Educ tient - Family; Adult Non-Residential Services Outpatient - Ind al Services Intensive Outpatient Treatment; Juvenile Assessm on; Juvenile Non-Residential Services Outpatient - Groups; Ju Individual; Juvenile Non-Residential Services Outpatient - Co | cation; Adult Non-Residential S ividual; Adult Non-Residential ent Services Substance Abuse venile Non-Residential Servic | Services Outpatient Evaluations; Juvenil es Outpatient - Family |
| Other Services: McNichols, Stephanie Substance Abuse Services: | Groups; Adult Non-Residential Services Outpa Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - | Evaluations; Adult Non-Residential Services Intervention/Educ tient - Family; Adult Non-Residential Services Outpatient - Ind al Services Intensive Outpatient Treatment; Juvenile Assessmo n; Juvenile Non-Residential Services Outpatient - Groups; Ju Individual; Juvenile Non-Residential Services Outpatient - Co | cation; Adult Non-Residential S ividual; Adult Non-Residential ent Services Substance Abuse venile Non-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Other Services: McNichols, Stephanie Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpat Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); | Evaluations; Adult Non-Residential Services Intervention/Educ tient - Family; Adult Non-Residential Services Outpatient - Ind al Services Intensive Outpatient Treatment; Juvenile Assessmon; Juvenile Non-Residential Services Outpatient - Groups; Ju Individual; Juvenile Non-Residential Services Outpatient - Cc ; Co-Occurring; Outpatient Therapy Outpatient Therapy including Group Sessions-Mental Health; | cation; Adult Non-Residential S ividual; Adult Non-Residential ent Services Substance Abuse venile Non-Residential Servic o-Occurring Treatment; Juveni | Services Outpatient e Evaluations; Juveni es Outpatient - Famil le Non-Residential |
| Other Services: McNichols, Stephanie Substance Abuse Services: Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpa Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); Outpatient Therapy - Individual-Mental Health; | Evaluations; Adult Non-Residential Services Intervention/Educ tient - Family; Adult Non-Residential Services Outpatient - Ind al Services Intensive Outpatient Treatment; Juvenile Assessmon; Juvenile Non-Residential Services Outpatient - Groups; Ju Individual; Juvenile Non-Residential Services Outpatient - Cc ; Co-Occurring; Outpatient Therapy Outpatient Therapy including Group Sessions-Mental Health; | cation; Adult Non-Residential S ividual; Adult Non-Residential ent Services Substance Abuse venile Non-Residential Servic o-Occurring Treatment; Juveni | Services Outpatient e Evaluations; Juvenil es Outpatient - Family le Non-Residential |
| Other Services: McNichols, Stephanie Substance Abuse Services: Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpa Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Educatio Juvenile Non-Residential Services Outpatient - Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); Outpatient Therapy - Individual-Mental Health; Mental Health; Outpatient Therapy - Co-occurring | Evaluations; Adult Non-Residential Services Intervention/Educ tient - Family; Adult Non-Residential Services Outpatient - Ind al Services Intensive Outpatient Treatment; Juvenile Assessmon; Juvenile Non-Residential Services Outpatient - Groups; Ju Individual; Juvenile Non-Residential Services Outpatient - Cc ; Co-Occurring; Outpatient Therapy Outpatient Therapy including Group Sessions-Mental Health; | cation; Adult Non-Residential S ividual; Adult Non-Residential ent Services Substance Abuse venile Non-Residential Servic o-Occurring Treatment; Juveni | Services Outpatient e Evaluations; Juvenil es Outpatient - Family le Non-Residential |

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpa 9 | tient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Meckna, Shy | Breaking Sad LLC | 7005 N 88th Street Omaha NB 68122 | (402)517-5199 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; as Outpatient - Family; Adult Non-Residential Services Outpatient | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Meckna, Shy | Douglas County Community Mental Health Center | 4102 Woolworth Ave Omaha NB 68105 | (402)599-2710 | (402)599-2562 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; nt - Individual; Adult Non-Residential Services Intensive Outpatien | | Services Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | t freatment | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| | | ZOOF N OOK Owned Owned - ND COADO | | |
| Meckna, Shy | Breaking Sad LLC | 7005 N 88th Street Omaha NB 68122 | (402)517-5199 | |
| | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Intervention/Education; es Outpatient - Family; Adult Non-Residential Services Outpatient | Adult Non-Residential | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; So Outpatient - Family; Adult Non-Residential Services Outpatient | Adult Non-Residential | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev. Monitoring SA/MH; Adult Non-Residential Service Outpatient - Co-Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C | aluations; Adult Non-Residential Services Intervention/Education; So Outpatient - Family; Adult Non-Residential Services Outpatient | Adult Non-Residential | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev. Monitoring SA/MH; Adult Non-Residential Service Outpatient - Co-Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C | aluations; Adult Non-Residential Services Intervention/Education; So Outpatient - Family; Adult Non-Residential Services Outpatient | Adult Non-Residential | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev. Monitoring SA/MH; Adult Non-Residential Service Outpatient - Co-Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C | aluations; Adult Non-Residential Services Intervention/Education; es Outpatient - Family; Adult Non-Residential Services Outpatient eo-Occurring; Outpatient Therapy | Adult Non-Residential | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Meckna, Shy | Adult Assessment Services Substance Abuse Ev. Monitoring SA/MH; Adult Non-Residential Service Outpatient - Co-Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C Sliding Fee Scale; Douglas County Community Mental Health Center Adult Assessment Services Substance Abuse Ev. | aluations; Adult Non-Residential Services Intervention/Education; es Outpatient - Family; Adult Non-Residential Services Outpatient co-Occurring; Outpatient Therapy 4102 Woolworth Ave Omaha NB 68105 aluations; Adult Non-Residential Services Intervention/Education; | Adult Non-Residential - Individual; Adult Non- (402)599-2710 Adult Non-Residential | Residential Services (402)599-2562 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Meckna, Shy Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev. Monitoring SA/MH; Adult Non-Residential Service Outpatient - Co-Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C Sliding Fee Scale; Douglas County Community Mental Health Center Adult Assessment Services Substance Abuse Ev. | aluations; Adult Non-Residential Services Intervention/Education; es Outpatient - Family; Adult Non-Residential Services Outpatient co-Occurring; Outpatient Therapy 4102 Woolworth Ave Omaha NB 68105 aluations; Adult Non-Residential Services Intervention/Education; nt - Individual; Adult Non-Residential Services Intersive Outpatien | Adult Non-Residential - Individual; Adult Non- (402)599-2710 Adult Non-Residential | Residential Services (402)599-2562 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Meckna, Shy Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev. Monitoring SA/MH; Adult Non-Residential Service Outpatient - Co-Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C Sliding Fee Scale; Douglas County Community Mental Health Center Adult Assessment Services Substance Abuse Ev. Family; Adult Non-Residential Services Outpatien Pre-Treatment Assessment (bio-psychosocial); C | aluations; Adult Non-Residential Services Intervention/Education; es Outpatient - Family; Adult Non-Residential Services Outpatient co-Occurring; Outpatient Therapy 4102 Woolworth Ave Omaha NB 68105 aluations; Adult Non-Residential Services Intervention/Education; nt - Individual; Adult Non-Residential Services Intersive Outpatien | Adult Non-Residential - Individual; Adult Non- (402)599-2710 Adult Non-Residential | Residential Services (402)599-2562 |

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| Name | Agency | Address | Phone | Fax |
| Meier, Monica | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7015 | (402)552-7444 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult | Non-Residential Ser | rvices Outpatient - |
| Mental Health Services: | Individual; Adult Non-Residential Services Outpat Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | ······································ | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Meier, Monica | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7015 | (402)552-7444 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult | Non-Residential Ser | rvices Outpatient - |
| Mental Health Services: | Individual; Adult Non-Residential Services Outpat Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Mejia, Blanca | Generation Diamond Corporation | 4825 S 25th St Suite 100 Omaha NB 68107 | (402)813-7153 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Mejia, Blanca | Generation Diamond Corporation | 4825 S 25th St Suite 100 Omaha NB 68107 | (402)813-7153 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Mertes, Courtney | | 268 N. 115th Street, Ste 1 Omaha NB 68154 | (402)590-8766 | (402)838-7248 |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin o-Occurring: Outpatient Therapy | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient Evaluations; Juveni es Outpatient - Famil |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier ;; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | ntensive Outpatient: | Intensive Outpatient |

| Name | Agency | Address | Phone | Fax |
|---|--|---|--|--|
| Mertes, Courtney | | 268 N. 115th Street, Ste 1 Omaha NB 68154 | (402)590-8766 | (402)838-7248 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; Adu ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor adividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Co-Occurring; Outpatient Therapy | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| 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); | ntensive Outpatient: | Intensive Outpatient |
| Other Services: | | | | |
| Metoyer, Shaun | B.A.M.B. LLC | 1847 N 17th St Omaha NB 68110 | (402)957-5290 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Metoyer, Shaun | B.A.M.B. LLC | 1847 N 17th St Omaha NB 68110 | (402)957-5290 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Miller, Stacey | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)413-1420 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adu int - Family; Adult Non-Residential Services Outpatient - Individual; Adu iervices Substance Abuse Evaluations; Juvenile Non-Residential Services Jvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential io-Occurring Treatment | dult Non-Residential | Services Outpatient - lucation; Juvenile |
| | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Psychological Evaluation; Outpatient Therapy | | |
| Juvenile Services: | including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy - Individual- ent Therapy including Family Sessions-Mental Health; Outpatient The nent Assessment (Medicaid); Assessment: Mental Status Exam (MSE | rapy - Eating Disord | der; Outpatient |
| Other Services: | 5 | | | |

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Miller, Stacey | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)413-1420 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Ivenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment to-Occurring; Psychological Evaluation; Outpatient Therapy | dult Non-Residential vices Intervention/Ec | Services Outpatient lucation; Juvenile |
| | Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy - Individual ent Therapy including Family Sessions-Mental Health; Outpatient The ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE | erapy - Eating Disord | ler; Outpatient |
| Other Services. | | | | |
| Montgomery Lewis, Monica | Lewis Counseling Services | 3825 Ames Ave Omaha NB 68111 | (402)320-3566 | (402)939-0755 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Putpatient Therapy | | |
| | | Evening Reporting; Non-Treatment: Anger Management Class; Outpa ntal Health; Outpatient Therapy including Family Sessions-Mental He tus Exam (MSE) | | |
| | - | | | |
| Montgomery Lewis, Monica | Lewis Counseling Services | 3825 Ames Ave Omaha NB 68111 | (402)320-3566 | (402)939-0755 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Putpatient Therapy | | |
| | Outpatient Therapy including Group Sessions-Me Assessment (Medicaid); Assessment: Mental Sta | Evening Reporting; Non-Treatment: Anger Management Class; Outpa ental Health; Outpatient Therapy including Family Sessions-Mental He tus Exam (MSE) | | |
| Other Services: | Sliding Fee Scale; | | | |
| Morell, Elizabeth | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); P | sychological Evaluation; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatien ent: Mental Status Exam (MSE); Assessment: Psychological Evaluat | | urring; Assessment: |
| Other Services | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|---------------------|
| Name | Agency | Aut 033 | Thome | Tux |
| Morell, Elizabeth | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); P | sychological Evaluation; Outpatient Therapy | | |
| Juvenile Services: | Dutpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluation | | | |
| Other Services: | Pre-Treatment Assessment (Medicaid); Assessm | ent: Mental Status Exam (MSE); Assessment: Psychological Evaluati | on | |
| Moreno, Dominique | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)590-2947 | (402)590-2030 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult 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: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatier | t Therapy - Co-occu | irring; Assessment: |
| Other Services: | | | | |
| Moreno, Dominique | Moreno Therapy P.C., LLC | 2620 N 132nd Ave Omaha NB 68164 | (402)660-9555 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Resider Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | ng Treatment; Juver ntial Services Outpat | nile Assessment |
| Mental Health Services: | Co-Occurring | | | |
| | 5 | utpatient Therapy including Group Sessions-Mental Health; Outpatien | t Therapy - Co-occu | rring; Assessment: |
| Other Services: | 5 | | | |
| Moreno, Dominique | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)590-2947 | (402)590-2030 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult N tient - Co-Occurring Treatment; Juvenile Assessment Services Subst e Non-Residential Services Outpatient - Individual; Juvenile Non-Resi | ance Abuse Evaluati | ons; Juvenile Non- |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| | Outpatient Therapy - Individual-Mental Health; Ou Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occu | ırring; Assessment: |
| Other Services: | | | | |

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|---------------------------|---|--|---|--|
| Name | Agency | Address | Phone | Fax |
| Moreno, Dominique | Moreno Therapy P.C., LLC | 2620 N 132nd Ave Omaha NB 68164 | (402)660-9555 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Resider Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ng Treatment; Juven ntial 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; Outpatier | t Therapy - Co-occu | irring; Assessment: |
| Other Services: | | | | |
| Morton, Crystal | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | (402)397-1404 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Residen Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ng Treatment; Juvential Services Outpa | nile Assessment tient - Family; Juvenil |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; O | utpatient Therapy - Individual-Mental Health; Outpatient Therapy - Ea | ting Disorder | |
| Other Services: | | | | |
| Morton, Crystal | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | (402)397-1404 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Residen Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ng Treatment; Juvential Services Outpa | nile Assessment tient - Family; Juvenil |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; O | utpatient Therapy - Individual-Mental Health; Outpatient Therapy - Ea | ting Disorder | |
| Other Services: | | | | |
| Morton, Jamal | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5446 | (402)715-5452 |
| | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Residential Services Short Term Residential | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri esidential Services Dual Residential (MH/SA); Adult Residential Serv | ng Treatment; Adult | Non-Residential |
| | Co-Occurring; Outpatient Therapy | | | |
| | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Name | Agency | 7441000 | Thome | Iux |
| Morton, Jamal | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5446 | (402)715-5452 |
| | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Residential Services Short Term Residential | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr esidential Services Dual Residential (MH/SA); Adult Residential Serv | ing Treatment; Adult | Non-Residential |
| | Co-Occurring; Outpatient Therapy | | | |
| | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Nastase, Jill | Valley Hope | 7703 Serum Ave Omaha NB 68127 | (402)991-8824 | (402)991-3486 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Nastase, Jill | Valley Hope | 7703 Serum Ave Omaha NB 68127 | (402)991-8824 | (402)991-3486 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Needelman, Joshua | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); P | sychological Evaluation; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (Me | utpatient Therapy including Family Sessions-Mental Health; Assessm SE): Assessment: Psychological Evaluation | ent: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Needelman, Joshua | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); P | sychological Evaluation; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (Me | utpatient Therapy including Family Sessions-Mental Health; Assessm SE): Assessment: Psychological Evaluation | ent: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | ,,,,,, | | |

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

| Name | Agency | Address | Phone | Fax |
|---|---|---|------------------------|---------------------|
| Neise, Michael | Paradigm, Inc. | 809 South 174th Street Omaha NB 68118 | (402)991-8093 | (402)505-9726 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy incl | | ns-Mental Health; |
| Other Services: | Outpatient Therapy including Family Sessions-M | ental Health; Intensive Outpatient: Intensive Outpatient Therapy-Men | tal Health | |
| Other Services. | | | | |
| Neise, Michael | Paradigm, Inc. | 809 South 174th Street Omaha NB 68118 | (402)991-8093 | (402)505-9726 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy inc | | ns-Mental Health; |
| Other Services: | Outpatient Therapy including Family Sessions-M | ental Health; Intensive Outpatient: Intensive Outpatient Therapy-Men | tal Health | |
| Nelson, William | CenterPointe | 1490 N 16th St Omaha NB 68102 | (402)827-0570 | (402)827-0580 |
| Substance Abuse Services: | | valuations; Adult Residential Services Dual Residential (MH/SA); Adu | It Residential Service | es Short Term |
| Mental Health Services: | Residential Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | o coouning | | |
| Other Services: | | | | |
| | | | | |
| Nelson, William | CenterPointe | 1490 N 16th St Omaha NB 68102 | (402)827-0570 | (402)827-0580 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Residential | valuations; Adult Residential Services Dual Residential (MH/SA); Adu | It Residential Service | es Short Term |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| Juvenile Services: | ,, | | | |
| Other Services: | | | | |
| Neve, Robert | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)612-2516 | (402)614-5447 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | valuations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential S | amily; Adult Non-Re | esidential Services |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Other Services: | Cliding Foo Cooler | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|-----------------------------------|-----------------------|
| Neve, Robert | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)612-2516 | (402)614-5447 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | valuations; Adult Non-Residential Services Intervention/Ed es Outpatient - Groups; Adult Non-Residential Services O rvices Outpatient - Co-Occurring Treatment; Adult Non-Re | utpatient - Family; Adult Non-Re | sidential Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Neve, Sheri | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)706-9862 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Ed ent - Family; Adult Non-Residential Services Outpatient - Ir Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Neve, Sheri | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)706-9862 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Ed ent - Family; Adult Non-Residential Services Outpatient - Ir Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Newby, Emily | Douglas County Community Mental Health Center | 1709 Jackson Street Omaha NB 68102 | (402)444-7931 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment | valuations; Adult Non-Residential Services Outpatient - Inc | lividual; Adult Non-Residential S | Services Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Newby, Emily | Douglas County Community Mental Health Center | 1709 Jackson Street Omaha NB 68102 | (402)444-7931 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment | valuations; Adult Non-Residential Services Outpatient - Inc | lividual; Adult Non-Residential S | Services Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Juvernie Services. | | | | |

| Name | Agency | Address | Phone | Fax |
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| Newring, Kirk | Forensic Behavioral Health | 1410 East Gold Coast Rd Ste 800 Papillion NB 68046 | (402)557-6027 | (402)557-6027 |
| Substance Abuse Services: | | | | |
| | | (WSH); Adults who Sexually Harm Evaluation; Psychological Evaluati | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica Who Sexually Harm Risk Assessment | aid); Assessment: Mental Status Exam (MSE); Assessment: Psycholo | gical Evaluation; As | sessment: Juvenile |
| Other Services: | | | | |
| Newring, Kirk | Forensic Behavioral Health | 1410 East Gold Coast Rd Ste 800 Papillion NB 68046 | (402)557-6027 | (402)557-6027 |
| Substance Abuse Services: | | | | |
| | | WSH); Adults who Sexually Harm Evaluation; Psychological Evaluati | | ., |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica Who Sexually Harm Risk Assessment | aid); Assessment: Mental Status Exam (MSE); Assessment: Psycholo | ogical Evaluation; As | sessment: Juvenile |
| Other Services: | Who Sexually Harm Kisk Assessment | | | |
| Osborn, Katlynn | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)366-3472 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juver dential Services Out | ile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (Me | utpatient Therapy including Family Sessions-Mental Health; Assessm SE) | ent: Pre-Treatment A | Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Osborn, Katlynn | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)366-3472 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Intervention/Education; Juvenile Non-Resi Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juver dential Services Out | ile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assessm SE) | ent: Pre-Treatment A | Assessment |
| Other Services: | Sliding Fee Scale; | | | |

| Paine, Mary Counseling Affiliates of Nebraska 1550 S. 70th St., Ste. 101 Lincoln NB 68506 (402)488-0077 (402)488-0077 Substance Abuse Services: Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Adults who Sexually Harm Evaluation; Psychological Evaluation; EPC Crisis Center; Outpatient Therapy Juvenile Services: Other Services: Siding Fee Scale; Paine, Mary Counseling Affiliates of Nebraska 1550 S. 70th St., Ste. 101 Lincoln NB 68506 (402)488-0077 (402)488-0077 Substance Abuse Services: Other Services: Pre-Treatment Assessment (bio-psychosocial); Adults who Sexually Harm Evaluation; Psychological Evaluation; EPC Crisis Center; Outpatient Therapy Juvenile Services: Other Services: Pre-Treatment Assessment (bio-psychosocial); Adults who Sexually Harm Evaluation; Psychological Evaluation; EPC Crisis Center; Outpatient Therapy Juvenile Services: Other Services: Siding Fee Scale; Parmer, Alisa Heartland Family Service 1941 S 42nd St Suite 375 Omaha NB 68105 (402)552-7419 (402)457-777 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Barnily; Adult Non-Residential Services Outpatient - Family; Adult Non-Residenti | | | | | |
|--|---------------------------|---|--|---|--|
| Substance Abuse Services: Mental Health Services: Pre-Treatment Assessment (bio-psychosocial): Adults who Sexually Harm Evaluation; Psychological Evaluation; EPC Crisis Center; Outpatient Therapy Juvenile Services: Other Services: Sliding Fee Scale; Paine, Mary Counseling Affiliates of Nebraska 1550 S. 70th St., Ste. 101 Lincoln NB 68506 (402)488-0077 (402)488-007 Substance Abuse Services: Pre-Treatment Assessment (bio-psychosocial): Adults who Sexually Harm Evaluation; Psychological Evaluation; EPC Crisis Center; Outpatient Therapy Juvenile Services: Outpatient Therapy Other Services: Bioing Fee Scale; Parmer, Alia Heartland Family Service 1941 S 42nd St Suite 375 Omaha NB 68105 (402)552-7419 (402)457-77 Substance Abuse Services: Adult Non-Residential Services Outpatient - Forup: Adult Non-Residential Services Outpatient - Family: | Name | Agency | Address | Phone | Fax |
| Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Adults who Sexually Harm Evaluation; Psychological Evaluation; EPC Crisis Center; Outpatient Therapy Juvenils Services: Paine, Mary Counseling Affiliates of Nebraska 1550 S, 70th St, Ste. 101 Lincoln NB 68506 (402)488-0077 (402)487-071 Substance Abuse Services: Other Services: Other Services: Substance Abuse Services: (402)552-7419 (402)552-7419 (402)552-7419 (402)552-7419 (402)457-771 Substance Abuse Services: Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Substance Abuse Evaluations: Aurenit Non-Residential Services Couptatient - Family: Adult Non-Residential Services Substance Abuse Evaluations: Aurenit Non-Residential Services Couptatient - Family: Adult Non-Residential Services Couptatient - Family: Adult Non-Residential Services Couptatient - Family: Adult Non-Residential Service | Paine, Mary | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Juvenile Services: Other Services: Sitising Fee Scale; Paine, Mary Counseling Affiliates of Nebraska 1550 S. 70th St., Ste. 101 Lincoln NB 68506 (402)488-0077 (402)488-007 Substance Abuse Services: Mental Health Services: Other Services: Sitising Fee Scale; Parmer, Alisa Heartland Family Service 1941 S 42nd St Suite 375 Omaha NB 68105 (402)552-7419 (402)457-777 Substance Abuse Services: Adult Assessment Services: Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family, Adult Non-Residential Services Outpatient - Family, Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family, Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Family, Adult Non-Residential Services Outpatient - Family, Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services 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 - Family, Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Foroups; Juvenile Non-Residential Services Outpatient - Family, Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Services - Intervention/Education, Juvenile Non-Residential Services Outpatient - Family, Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Family, Juvenile Non-Residentia | Substance Abuse Services: | | | | |
| Other Services: Silding Fee Scale; Paine, Mary Counseling Affiliates of Nebraska 1550 S. 70th St., Ste. 101 Lincoln NB 68506 (402)488-007 (402)488-007 Substance Abuse Services: Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Adults who Sexually Harm Evaluation; Psychological Evaluation; EPC Crisis Center; Outpatient Therapy Juvenile Services: Other Services: Silding Fee Scale; Parmer, Alisa Heartland Family Service 1941 S 42nd St Suite 375 Omaha NB 68105 (402)552-7419 (402)457-777 Substance Abuse Services: Adult Non-Residential Services Outpatient - Groups, Juvenile Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient Teatment; Adult Non-Residential Services Outpatient Teatment; Adult Non-Residential Services Outpatient Teatment; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Resident | Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation; EPC | Crisis Center; Outpa | atient Therapy |
| Other Services: Silding Fee Scale; Paine, Mary Counseling Affiliates of Nebraska 1550 S. 70th St., Ste. 101 Lincoln NB 68506 (402)488-007 (402)488-007 Substance Abuse Services: Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Adults who Sexually Harm Evaluation; Psychological Evaluation; EPC Crisis Center; Outpatient Therapy Juvenile Services: Other Services: Silding Fee Scale; Parmer, Alisa Heartland Family Service 1941 S 42nd St Suite 375 Omaha NB 68105 (402)552-7419 (402)457-777 Substance Abuse Services: Adult Non-Residential Services Outpatient - Groups, Juvenile Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient Teatment; Adult Non-Residential Services Outpatient Teatment; Adult Non-Residential Services Outpatient Teatment; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Resident | Juvenile Services: | | | | |
| Paine, Mary Counseling Affiliates of Nebraska 1550 S. 70th St., Ste. 101 Lincoln NB 68506 (402)488-007 (402)488-007 Substance Abuse Services: Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Adults who Sexually Harm Evaluation; Psychological Evaluation; EPC Crisis Center, Outpatient Therapy Juvenile Services: Juvenile Services: Siding Fee Scale; Parmer, Alisa Heartland Family Service 1941 S 42nd St Suite 375 Omaha NB 68105 (402)552-7419 (402)457-77 Substance Abuse Services: Adult Non-Residential Services Coupatient - Co-Occurring Treatment, Adult Non-Residential Services Coupatient - Co-Occurring Treatment, Adult Non-Residential Services Coupatient Team Juvenile Non-Residential Services Coupatient - Co-Occurring Treatment, Adult Non-Residential Services Coupatient Team Substance Abuse Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Coupatient - Co-Occurring Treatment, Adult Non-Residential Services Coupatient Team Juvenile Non-Residential Services Coupatient Team Mental Health Services: Pre-Treatment: Assessment (Dio-psychosocial); Co-Occurring; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-Occurring; Assessment; Pre-Treatment Assessment; Mentoring; SudMit Non-Residential Services Outpatient Therapy - Co-Occurring; Assessment; Co-Occurring; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-Occurring; Assessment; Co-Occurring; SudBiti Adult Non-Residential Services Outpatient Therapy - Co-Occurring | | Sliding Fee Scale: | | | |
| Substance Abuse Services: Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Adults who Sexually Harm Evaluation; Psychological Evaluation; EPC Crisis Center; Outpatient Therapy Juvenile Services: Bremer, Alisa Heartland Family Service 1941 S 42nd St Suite 375 Ornaha NB 68105 (402)552-7749 (402)457-77 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Nutrement Mesetical; Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Grout Sessions-Mental Health; Outpatient Therapy including Grout Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy including Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Family; Adul | | | | | |
| Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Adults who Sexually Harm Evaluation; Psychological Evaluation; EPC Crisis Center; Outpatient Therapy Juvenile Services: Dither Services: Sliding Fee Scale; Parmer, Alisa Heartland Family Service 1941 S 42nd St Suite 375 Omaha NB 68105 (402)552-7419 (402)457-770 Substance Abuse Services: Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Augustion; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Residential Services Substance Abuse Services: Non-Treatment: Ages Management Class; Non-Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy including Services Substance Abuse Services: IdventAssessment Services Substance Abuse Services Substanc | Paine, Mary | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Juvenile Services: Other Services: Sliding Fee Scale; Parmer, Alisa Heartland Family Service 1941 S 42nd St Suite 375 Omaha NB 68105 (402)552-7419 (402)457-77 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 Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Adult Non-Residential Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Substance Abuse Evaluations; Juvenile Non | | | | | |
| Other Services Sliding Fee Scale; Parmer, Alisa Heartland Family Service 1941 S 42nd St Suite 375 Omaha NB 68105 (402)552-7419 (402)457-77 Substance Abuse Services Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Auvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Augument Class; Non-Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring Treatment; Adult Non-Residential Services Outpatient - Sessions: Adult Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Out | Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation; EPC | Crisis Center; Outpa | atient Therapy |
| Parmer, Alisa Heartland Family Service 1941 S 42nd St Suite 375 Omaha NB 68105 (402)552-7419 (402)457-77 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Individual; Juvenile 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 - Co-Occurring; Outpatient Therapy Individual: Service Mental Health Services: Non-Treatment: Anger Management Class; Non-Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment (Pre-Treatment Assessment (Monicorig) SAMH; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-R | Juvenile Services: | | | | |
| Parmer, Alisa Heartland Family Service 1941 S 42nd St Suite 375 Omaha NB 68105 (402)552-7419 (402)457-77 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Individual; Juvenile 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 - Co-Occurring; Outpatient Therapy Individual: Service Mental Health Services: Non-Treatment: Anger Management Class; Non-Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment (Pre-Treatment Assessment (Monicorig) SAMH; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-R | Other Services: | Sliding Fee Scale: | | | |
| 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 Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring; Outpatient Therapy Juvenile Services: Non-Treatment: Anger Management Class; Non-Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Bio-psychoscial); Co-Occurring 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)457-777 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Curpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Servi | | | | | |
| Monitoring SA/MH: Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services 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 - Family; Juvenile Non-Residential Services Outpatient - Goups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-Occurring; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy including Grou Sessions-Mental Health; Outpatient Therapy including Grou Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy including Grou Sessions-Mental Health; Outpatient Family; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient | Parmer, Alisa | Heartland Family Service | 1941 S 42nd St Suite 375 Omaha NB 68105 | (402)552-7419 | (402)457-7791 |
| Juvenile Services: Non-Treatment: Anger Management Class; Non-Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Grout 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; Parmer, Alisa Heartland Family Service 1941 S 42nd St Suite 375 Omaha NB 68105 (402)552-7419 (402)457-773 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 Outpatient Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; J | Martal Haalth Saniaaa | Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | Evaluations; Juvenile Non-Residential Services Intervention/Education al Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; anile Non-Residential Services Outpatient - Co-Occurring Treatment; | on; Juvenile Non-Re Outpatient - Family; J | sidential Services uvenile Non- |
| 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; Parmer, Alisa Heartland Family Service 1941 S 42nd St Suite 375 Omaha NB 68105 (402)552-7419 (402)457-77 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 - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient Treatment Juvenile Non-Residential Services Outpatient - Individual; 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 Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Pre-Treatment Residential Services Outpatient Therapy Mental Health Services: | | | | | |
| 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)457-77 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 - Go-Occurring Treatment; Adult Non-Residential Services Outpatient and Uptatient - Individual; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - 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 Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Treatment Mental Health Services: Pre-Treatment Assessment (Dio-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 | Juvenile Services: | Sessions-Mental Health; Outpatient Therapy inclu | uding Family Sessions-Mental Health; Outpatient Therapy - Co-occur | ; Outpatient Therapy ring; Assessment: P | re-Treatment |
| 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 Service Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; 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 - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Juvenile Services: Non-Treatment: Anger Management Class; Non-Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Grou 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; | | | |
| 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 Service 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: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Juvenile Services: Non-Treatment: Anger Management Class; Non-Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Grou Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring | Parmer, Alisa | Heartland Family Service | 1941 S 42nd St Suite 375 Omaha NB 68105 | (402)552-7419 | (402)457-7791 |
| Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Juvenile Services: Non-Treatment: Anger Management Class; Non-Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Grou Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring | 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 Residential Services Outpatient - Individual; Juve | es Outpatient - Groups; Adult Non-Residential Services Outpatient - F rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se Evaluations; Juvenile Non-Residential Services Intervention/Educati al Services Outpatient - Groups; Juvenile Non-Residential Services O | Family; Adult Non-Re ervices Intensive Ou on; Juvenile Non-Re outpatient - Family; J | esidential Services tpatient Treatment; sidential Services uvenile Non- |
| 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: | | o-Occurring; Outpatient Therapy | | |
| | Juvenile Services: | Sessions-Mental Health; Outpatient Therapy inclu | uding Family Sessions-Mental Health; Outpatient Therapy - Co-occur | ; Outpatient Therapy ring; Assessment: P | including Group re-Treatment |
| | Other Services: | | - | | |

| 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 Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Outpatient - Groups; Juvenile Non-Resid Juvenile Non-Residential Services Outpatient - Co-Occurring Treat | rring Treatment; Juve lential Services Outpa | nile Assessment |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie | ent 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 Outpa | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subs e Non-Residential Services Outpatient - Individual; Juvenile Non-Re | stance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpati | ient Therapy - Co-occ | urring; Assessment: |
| | Co-Occurring | | | • |
| Other Services: | Co-Occurring | | | - |
| Other Services: Parsha, Myisha | 5 | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (531)444-1963 | |
| Parsha, Myisha | Capstone Behavioral Health Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | 1941 South 42nd Street Suite 328 Omaha NB 68105 raluations; 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 | It Non-Residential Se Irring Treatment; Juve Iential Services Outpa | nile Assessment |
| Parsha, Myisha Substance Abuse Services: | Capstone Behavioral Health Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | raluations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Outpatient - Groups; Juvenile Non-Resid | It Non-Residential Se Irring Treatment; Juve Iential Services Outpa | nile Assessment |
| Parsha, Myisha Substance Abuse Services: Mental Health Services: | Capstone Behavioral Health Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Co-Occurring; Outpatient Therapy | raluations; 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 utpatient Therapy including Group Sessions-Mental Health; Outpatient | Ilt Non-Residential Se rrring Treatment; Juve lential Services Outpa ment | nile Assessment tient - Family; Juvenile |
| Parsha, Myisha Substance Abuse Services: Mental Health Services: | Capstone Behavioral Health Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Co-Occurring; Outpatient Therapy Outpatient Therapy - Individual-Mental Health; Of Mental Health; Outpatient Therapy - Co-occurring | raluations; 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 utpatient Therapy including Group Sessions-Mental Health; Outpatient | Ilt Non-Residential Se rrring Treatment; Juve lential Services Outpa ment | nile Assessment tient - Family; Juvenile |
| Parsha, Myisha Substance Abuse Services: Mental Health Services: Juvenile Services: | Capstone Behavioral Health Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Co-Occurring; Outpatient Therapy Outpatient Therapy - Individual-Mental Health; Of Mental Health; Outpatient Therapy - Co-occurring | raluations; 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 utpatient Therapy including Group Sessions-Mental Health; Outpatient | Ilt Non-Residential Se rrring Treatment; Juve lential Services Outpa ment | nile Assessment tient - Family; Juvenil |
| Parsha, Myisha Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Parsha, Myisha | Capstone Behavioral Health Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Co-Occurring; Outpatient Therapy Outpatient Therapy - Individual-Mental Health; Of Mental Health; Outpatient Therapy - Co-occurring Omaha Trauma Therapy Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpatient | raluations; 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 utpatient Therapy including Group Sessions-Mental Health; Outpatien | Ilt Non-Residential Se Irring Treatment; Juve Iential Services Outpa ment ent Therapy including (531)444-1963 t Non-Residential Ser stance Abuse Evaluat | nile Assessment tient - Family; Juvenil Family Sessions- (531)203-5224 vices Outpatient - ions; Juvenile Non- |
| Parsha, Myisha Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Parsha, Myisha Substance Abuse Services: | Capstone Behavioral Health Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Co-Occurring; Outpatient Therapy Outpatient Therapy - Individual-Mental Health; Of Mental Health; Outpatient Therapy - Co-occurring Omaha Trauma Therapy Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpatient - Family; Juvenile | raluations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Outpatient - Groups; Juvenile Non-Resid Juvenile Non-Residential Services Outpatient - Co-Occurring Treat utpatient Therapy including Group Sessions-Mental Health; Outpatien 5410 S 99th St Omaha NB 68127 raluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Sub- | Ilt Non-Residential Se Irring Treatment; Juve Iential Services Outpa ment ent Therapy including (531)444-1963 t Non-Residential Ser stance Abuse Evaluat | nile Assessment tient - Family; Juvenil Family Sessions- (531)203-5224 vices Outpatient - ions; Juvenile Non- |
| Parsha, Myisha Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Parsha, Myisha Substance Abuse Services: Mental Health Services: | Capstone Behavioral Health Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Co-Occurring; Outpatient Therapy Outpatient Therapy - Individual-Mental Health; Of Mental Health; Outpatient Therapy - Co-occurring Omaha Trauma Therapy Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpatient Residential Services Outpatient - Family; Juvenile Treatment Co-Occurring; Outpatient Therapy Outpatient Therapy - Individual-Mental Health; Of Co-Occurring | raluations; 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 utpatient Therapy including Group Sessions-Mental Health; Outpatien 5410 S 99th St Omaha NB 68127 raluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Sub- | IIt Non-Residential Se Irring Treatment; Juve lential Services Outpa ment ent Therapy including (531)444-1963 t Non-Residential Ser stance Abuse Evaluat esidential Services Ou | nile Assessment tient - Family; Juvenil Family Sessions- (531)203-5224 vices Outpatient - ions; Juvenile Non- tpatient - Co-Occurrin |

| Name | Agency | Address | Phone | Fax |
|---|---|--|---|--------------------------------------|
| 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 | valuations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juvenil ntial Services Outpatie | e Assessment |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Mentoring; Outpatient Therapy - including Family Sessions-Mental Health | Individual-Mental Health; Outpatient Therapy including Group Session | ons-Mental Health; Out | patient Therapy |
| Other Services: | Sliding Fee Scale; | | | |
| Payne, Roshawna | Charles Drew Health Center | 2915 Grant St Omaha NB 68111 | (402)810-9745 | |
| Mental Health Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Co-Occurring; Outpatient Therapy | 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; Juvenil ntial Services Outpatie ient | e Assessment nt - Family; Juvenil |
| | Non-Treatment: Mentoring; Outpatient Therapy - including Family Sessions-Mental Health Sliding Fee Scale; | Individual-Mental Health; Outpatient Therapy including Group Session | ons-Mental Health; Out | patient Therapy |
| Pearson, Tracey | Restoration & Peace Counseling | 11605 Arbor St 106 Omaha NB 68144 | (402)319-7898 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | utpatient Therapy including Family Sessions-Mental Health | | |
| Pearson, Tracey | Restoration & Peace Counseling | 11605 Arbor St 106 Omaha NB 68144 | (402)319-7898 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health | | |

| Name | Agency | Address | Phone | Fax |
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| Pelt, Kamara | Carla Vista Sober Living LLC | 11648 Douglas St Omaha NB 68154 | (480)612-0296 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Pelt, Kamara | Carla Vista Sober Living LLC | 11648 Douglas St Omaha NB 68154 | (480)612-0296 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Perez, Kari | Kari R Perez, PhD, PC | 4565 S 133rd St Omaha NB 68137 | (402)590-2947 | (402)590-2030 |
| | Sexually Harm Evaluation; Psychological Evaluat Outpatient Therapy - Individual-Mental Health; Outpatient | nile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment tion utpatient Therapy including Family Sessions-Mental Health; Outpati aid); Assessment: Mental Status Exam (MSE); Assessment: Psycho | ent Therapy - Youth | Who Sexually Harm; |
| Perez, Kari | Kari R Perez, PhD, PC | 4565 S 133rd St Omaha NB 68137 | (402)590-2947 | (402)590-2030 |
| | Sexually Harm Evaluation; Psychological Evaluat Outpatient Therapy - Individual-Mental Health; Outpatient | nile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment tion utpatient Therapy including Family Sessions-Mental Health; Outpati aid); Assessment: Mental Status Exam (MSE); Assessment: Psycho | ent Therapy - Youth | Who Sexually Harm; |
| 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; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Outpatient - Groups; Juvenile Non-Resid Juvenile Non-Residential Services Outpatient - Co-Occurring Treat | rring Treatment; Juve ential Services Outpa | nile Assessment |
| | Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie | ent Therapy including | Family Sessions- |

| Agency | Address | Phone | Fax |
|---|--|--|---|
| Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (405)552-7083 | |
| Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Outpatient - Groups; Juvenile Non-Reside | ring Treatment; Juve ential Services Outpa | nile Assessment |
| Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Co-Occurring | ent Therapy including | Family Sessions- |
| Marsha's House of Hope | 3307 Poppleton Ave Omaha NB 68105 | (402)345-1015 | (402)345-1776 |
| Outpatient Therapy | | | |
| Marsha's House of Hope | 3307 Poppleton Ave Omaha NB 68105 | (402)345-1015 | (402)345-1776 |
| Outpatient Therapy | | | |
| 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 | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Intervention/Education; Juvenile Non-Res | ring Treatment; Juve sidential Services Ou | nile Assessment tpatient - Groups; |
| | Heartland Family Service Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring Marsha's House of Hope Outpatient Therapy Adult Assessment Services Substance Abuse Evaluations; Juvenile Adult Assessment Services Substance Abuse Evaluations; Juvenile | Heartland Family Service 302 American Pkwy Papillion NB 68046 Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occur Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatr Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Outpatient Therapy Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Mental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring Marsha's House of Hope 3307 Poppleton Ave Omaha NB 68105 Outpatient Therapy 3307 Poppleton Ave Omaha NB 68105 Outpatient Therapy 9374 N St Omaha NB 68127 Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Co-Occur Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Co-Occur | Heartland Family Service 302 American Pkwy Papillion NB 68046 (405)552-7083 Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juve Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juve 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 - Co-Occurring Treatment; Juve Services Outpatient a Services Outpatient - Co-Occurring Treatment; Juve Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Mental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring Marsha's House of Hope 3307 Poppleton Ave Omaha NB 68105 (402)345-1015 Outpatient Therapy 3307 Poppleton Ave Omaha NB 68105 (402)345-1015 |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|--------------------------------------|
| Pope, Michelle | Changes Counseling, LLC | 9374 N St Omaha NB 68127 | (402)669-6204 | (402)939-0666 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi amily; Juvenile Non-Residential Services Outpatient - Individual; Juve | ing Treatment; Juve dential Services Out | nile Assessment patient - Groups; |
| | Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 0, 1 |
| Juvenile Services: | | atment: Intensive Family Preservation; Outpatient Therapy - Individua ient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; As SE) | | |
| 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/Education | on | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier ssment (Medicaid); Assessment: Mental Status Exam (MSE) | t 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/Education | on | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier ssment (Medicaid); Assessment: Mental Status Exam (MSE) | t Therapy including | Family Sessions- |
| Other Services: | | | | |
| Poulos, Helen | The Salvation Army, Omaha Area Fund | 3612 Cuming Street Omaha NB 68131 | (402)898-5941 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups: Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual | ult Non-Residential | Services Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Poulos, Helen | The Salvation Army, Omaha Area Fund | 3612 Cuming Street Omaha NB 68131 | (402)898-5941 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual | ult Non-Residential | Services Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | | | | |
| Juvenile Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|-----------------------|
| Powell, Michelle | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | (402)715-5452 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/ ent - Family; Adult Non-Residential Services Outpatient Services Intensive Outpatient Treatment; Adult Resident Residential Services Short Term Residential | - Individual; Adult Non-Residential | Services Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Powell, Michelle | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | (402)715-5452 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult | | Individual; Adult Non-Residential | Services Outpatient |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Pratt, Kimberly | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)554-7204 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Indiv Intervention/Education; Juvenile Non-Residential | cation; Adult Non-Residential Services Outpatient - Grou idual; Adult Non-Residential Services Outpatient - Co-C Services Outpatient - Groups; Juvenile Non-Residentia esidential Services Outpatient - Co-Occurring Treatment | Dccurring Treatment; Juvenile Non al Services Outpatient - Family; Ju | -Residential Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Hea g; Assessment: Co-Occurring | alth; Outpatient Therapy including | Family Sessions- |
| Other Services: | | | | |
| Pratt, Kimberly | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)554-7204 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Indiv Intervention/Education; Juvenile Non-Residential | cation; Adult Non-Residential Services Outpatient - Grou idual; Adult Non-Residential Services Outpatient - Co-C Services Outpatient - Groups; Juvenile Non-Residentia esidential Services Outpatient - Co-Occurring Treatment | Occurring Treatment; Juvenile Non al Services Outpatient - Family; Ju | -Residential Services |
| Mantal Llashh Carriana | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring: Outpatient Therapy | | |
| Mental Health Services: | | | | |
| | | utpatient Therapy including Group Sessions-Mental Hea | alth; Outpatient Therapy including | Family Sessions- |

| Name | Agency | Address | Phone | Fax |
|---|--|---|---------------------|--------------------|
| Prince, Reginald | Serenity Matters | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 68111 | (402)830-3890 | (402)905-0011 |
| | Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Family; Juvenile Non-Resid | raluations; Adult Non-Residential Services Intervention/Education; Adu ent - Family; Adult Non-Residential Services Outpatient - Individual; Ju rvices Intervention/Education; Juvenile Non-Residential Services Outp fential Services Outpatient - Individual | venile Assessment | Services Substance |
| | Co-Occurring; Outpatient Therapy | | | |
| | 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)905-0011 |
| | Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Family; Juvenile Non-Resid | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ju rvices Intervention/Education; Juvenile Non-Residential Services Outp lential Services Outpatient - Individual | venile Assessment | Services Substance |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| | Non-Treatment: Anger Management Class | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Pulido, Ruben | Veterans Affairs Medical Center (Veterans Only) | 4101 Woolworth Drive Omaha NB 68105 | (402)995-4518 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri esidential Services Dual Residential (MH/SA); Adult Residential Servi | ng Treatment; Adult | Non-Residential |
| Mental Health Services: Juvenile Services: | Acute Inpatient; Pre-Treatment Assessment (bio- | psychosocial); Co-Occurring; Psychological Evaluation; Outpatient Th | herapy | |
| Other Services: | Bilingual Services; | | | |
| Pulido, Ruben | Veterans Affairs Medical Center (Veterans Only) | 4101 Woolworth Drive Omaha NB 68105 | (402)995-4518 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri esidential Services Dual Residential (MH/SA); Adult Residential Servi | ng Treatment; Adult | Non-Residential |
| Mental Health Services: Juvenile Services: | Acute Inpatient; Pre-Treatment Assessment (bio- | psychosocial); Co-Occurring; Psychological Evaluation; Outpatient Th | nerapy | |
| | Bilingual Services; | | | |

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|---------------------------|--|---|--|--|
| Name | Agency | Address | Phone | Fax |
| Raasch, Debra | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | utpatient Therapy | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; O | utpatient Therapy - Individual-Mental Health; Outpatient Therapy inclu | uding Family Session | ns-Mental Health |
| Other Services: | Sliding Fee Scale; | | | |
| Raasch, Debra | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | utpatient Therapy | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; O | utpatient Therapy - Individual-Mental Health; Outpatient Therapy inclu | uding Family Session | ns-Mental Health |
| Other Services: | Sliding Fee Scale; | | | |
| Rezac, Jacqueline | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)350-3267 | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adu so Outpatient - Groups; Adult Non-Residential Services Outpatient - Fa- vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se Evaluations; Juvenile Non-Residential Services Intervention/Education al Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient nile Non-Residential Services Outpatient - Co-Occurring Treatment; J | amily; Adult Non-Re rvices Intensive Out on; Juvenile Non-Res utpatient - Family; Ju | sidential Services patient Treatment; sidential Services ivenile Non- |
| | Pre-Treatment Assessment (bio-psychosocial); O | | | |
| Juvenile Services: | (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Assessme | ent: Pre-Treatment A | Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Rezac, Jacqueline | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)350-3267 | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | aluations; Adult Non-Residential Services Intervention/Education; Adu so Outpatient - Groups; Adult Non-Residential Services Outpatient - Five vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se Evaluations; Juvenile Non-Residential Services Intervention/Education al Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Intervential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring | amily; Adult Non-Re vrvices Intensive Out on; Juvenile Non-Res utpatient - Family; Ju | sidential Services patient Treatment; sidential Services ivenile Non- |
| | | utpatient Therapy utpatient Therapy including Family Sessions-Mental Health; Assessme | ent: Pre-Treatment | seesment |
| | (Medicaid) | apatient metapy including ramity Sessions-Wental Realth; Assessme | ent. Fie-ireatment A | 1996291116111 |
| Other Services: | Sliding Fee Scale; | | | |

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|----------------------------------|
| Rice, Joan | Spence Counseling | 12035 Q St. Omaha NB 68137 | (402)991-0611 | (402)991-6228 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Educ ent - Family; Adult Non-Residential Services Outpatient - Ind | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Rice, Joan | Spence Counseling | 12035 Q St. Omaha NB 68137 | (402)991-0611 | (402)991-6228 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | valuations; Adult Non-Residential Services Intervention/Educ ent - Family; Adult Non-Residential Services Outpatient - Ind | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Roberts, Markie | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | (402)727-4288 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | | | |
| Roberts, Markie | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | (402)727-4288 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | | | |
| Robinson, Natasha | Boys Town | 13460 Walsh Dr Boys Town NB 68101 | (402)498-3008 | (402)498-3375 |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse Outpatient - Family; Juvenile Non-Residential Se | Evaluations; Juvenile Non-Residential Services Outpatient rvices Outpatient - Individual; Juvenile Non-Residential Serv | Groups; Juvenile Non-Resid vices Outpatient - Co-Occurrin | lential Services ng Treatment |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | enile Co-Occurring Evaluation (C/O); Pre-Treatment Assessr | ment (bio-psychosocial); Co-C | Occurring; Outpatient |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; urring; Assessment: Pre-Treatment Assessment (Medicaid); | | |
| Other Services: | Lippring Impaired, Dilingual Convision | | | |

Other Services: Hearing Impaired; Bilingual Services;

| 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: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- | psychosocial); Co-C | ccurring; Outpatient |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatien urring; Assessment: Pre-Treatment Assessment (Medicaid); Assessm | | |
| Other Services: | Hearing Impaired; Bilingual Services; | | | |
| Robinson, Sarah | Oats Bell House LLC | PO Box 11512 Omaha NB 68111 | (402)769-5408 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Robinson, Sarah | Oats Bell House LLC | PO Box 11512 Omaha NB 68111 | (402)769-5408 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| 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; Ad ant - Family; Adult Non-Residential Services Outpatient - Individual; Ad Bervices Substance Abuse Evaluations; Juvenile Non-Residential Serv Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-R co-Occurring Treatment | dult Non-Residential vices Intervention/Ed | Services Outpatient ucation; Juvenile |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | nt: Anger Management Class; Outpatient Therapy - Individual-Mental py including Family Sessions-Mental Health; Outpatient Therapy - Co | | |
| | Assessment (Medicaid) Sliding Fee Scale; | py including ranning dessions-mental health, dupatient merapy - oc | -occurring, Assessin | ient. Fie-fieatment |

| Name | Agency | Address | Phone | Fax |
|---|---|---|---|--|
| Rogers, Randall | Agape Counseling Services/Tubman Center Counseling | 3223 N 45th St Omaha NB 68104 | (531)777-1451 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | 0 | ividual; Adult Non-Residential S ential Services Intervention/Educ | ervices Outpatient - cation; Juvenile |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | nt: Anger Management Class; Outpatient Therapy - Individua py including Family Sessions-Mental Health; Outpatient The | | |
| Other Services: | Sliding Fee Scale; | | | |
| Rojas, Virgen | Lutheran Family Services of NE Inc | 120 S 24th St Ste 100 Omaha NB 68102 | (402)721-1774 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Eduction - Co-Occurring Treatment; Adult Non-Residential Service | | |
| | | | | |
| Mental Health Services: Juvenile Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Juvenile Services: | | 120 S 24th St Ste 100 Omaha NB 68102 | (402)721-1774 | |
| Juvenile Services: Other Services: Rojas, Virgen | Sliding Fee Scale; Bilingual Services; Lutheran Family Services of NE Inc Adult Assessment Services Substance Abuse Ev | 120 S 24th St Ste 100 Omaha NB 68102 aluations; Adult Non-Residential Services Intervention/Educ tient - Co-Occurring Treatment; Adult Non-Residential Servi | cation; Adult Non-Residential Se | |
| Juvenile Services: Other Services: Rojas, Virgen Substance Abuse Services: Mental Health Services: | Sliding Fee Scale; Bilingual Services; Lutheran Family Services of NE Inc Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa Co-Occurring; Outpatient Therapy | aluations; Adult Non-Residential Services Intervention/Educ | cation; Adult Non-Residential Se | |
| Juvenile Services: Other Services: Rojas, Virgen Substance Abuse Services: Mental Health Services: Juvenile Services: | Sliding Fee Scale; Bilingual Services; Lutheran Family Services of NE Inc Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa Co-Occurring; Outpatient Therapy | aluations; Adult Non-Residential Services Intervention/Educ | cation; Adult Non-Residential Se | |
| Juvenile Services: Other Services: Rojas, Virgen Substance Abuse Services: Mental Health Services: Juvenile Services: | Sliding Fee Scale; Bilingual Services; Lutheran Family Services of NE Inc Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa Co-Occurring; Outpatient Therapy | aluations; Adult Non-Residential Services Intervention/Educ | cation; Adult Non-Residential Se | |
| Juvenile Services: Other Services: Rojas, Virgen Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Root, Perry | Sliding Fee Scale; Bilingual Services; Lutheran Family Services of NE Inc Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa Co-Occurring; Outpatient Therapy Sliding Fee Scale; Bilingual Services; The Clearview Center, Inc. Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie | 4913 Underwood Ave Omaha NB 68132 raluations; Adult Non-Residential Services Intervention/Educ 4913 Underwood Ave Omaha NB 68132 raluations; Adult Non-Residential Services Intervention/Educ ont - Family; Adult Non-Residential Services Outpatient - Indi | (402)215-7327 (402)215-7327 | rvices Outpatient - |
| Juvenile Services: Other Services: Rojas, Virgen Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Root, Perry Substance Abuse Services: | Sliding Fee Scale; Bilingual Services; Lutheran Family Services of NE Inc Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa Co-Occurring; Outpatient Therapy Sliding Fee Scale; Bilingual Services; The Clearview Center, Inc. Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Outpaties | 4913 Underwood Ave Omaha NB 68132 raluations; Adult Non-Residential Services Intervention/Educ 4913 Underwood Ave Omaha NB 68132 raluations; Adult Non-Residential Services Intervention/Educ ont - Family; Adult Non-Residential Services Outpatient - Indi Services Intensive Outpatient Treatment | (402)215-7327 (402)215-7327 | rvices Outpatient - |
| Juvenile Services: Other Services: Rojas, Virgen Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Root, Perry Substance Abuse Services: | Sliding Fee Scale; Bilingual Services; Lutheran Family Services of NE Inc Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpar Co-Occurring; Outpatient Therapy Sliding Fee Scale; Bilingual Services; The Clearview Center, Inc. Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Pre-Treatment Assessment (bio-psychosocial); C | 4913 Underwood Ave Omaha NB 68132 raluations; Adult Non-Residential Services Intervention/Educ 4913 Underwood Ave Omaha NB 68132 raluations; Adult Non-Residential Services Intervention/Educ ont - Family; Adult Non-Residential Services Outpatient - Indi Services Intensive Outpatient Treatment | (402)215-7327 (402)215-7327 | rvices Outpatient - |

| Name | Agency | Address | Phone | Fax |
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| Root, Perry | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)215-7327 | |
| | | | | |
| Ross, Fred | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7069 | (402)552-7497 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy Non-Treatment: General Education Class | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Ross, Fred | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7069 | (402)552-7497 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: General Education Class | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Royer, Mary | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7012 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpati Services Substance Abuse Evaluations; Juvenil | valuations; Adult Non-Residential Services Intervention/E ent - Individual; Adult Non-Residential Services Outpatien e Non-Residential Services Intervention/Education; Juven Individual; Juvenile Non-Residential Services Outpatient - | t - Co-Occurring Treatment; Juv ile Non-Residential Services Ou | enile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring: Outpatient Therapy | | |
| | | Dutpatient Therapy including Group Sessions-Mental Heal | th; Outpatient Therapy - Co-occ | urring; Assessment: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Royer, Mary | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7012 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpati Services Substance Abuse Evaluations; Juvenil | valuations; Adult Non-Residential Services Intervention/E ent - Individual; Adult Non-Residential Services Outpatien e Non-Residential Services Intervention/Education; Juven Individual; Juvenile Non-Residential Services Outpatient - | t - Co-Occurring Treatment; Juv ile Non-Residential Services Ou | enile Assessment |
| | Pre-Treatment Assessment (bio-psychosocial); Outpatient Therapy - Individual-Mental Health; C Pre-Treatment Assessment (Medicaid); Assess | Dutpatient Therapy including Group Sessions-Mental Heal | th; Outpatient Therapy - Co-occ | urring; Assessment: |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Rynearson, Claire | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8521 | (402)455-7050 |
| Substance Abuse Services: | | aluations; Adult Residential Services Therapeutic Community; Juveni | le Assessment Serv | vices Substance Abuse |
| Mental Health Services: | Evaluations Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring | | |
| | | sment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occu | ırring | |
| | Sliding Fee Scale; | | C C | |
| Rynearson, Claire | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8521 | (402)455-7050 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Evaluations | aluations; Adult Residential Services Therapeutic Community; Juveni | le Assessment Serv | rices Substance Abus |
| 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; | | | |
| Salvatore, Christine | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | (402)715-5452 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring co-Occurring; Outpatient Therapy | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| | Intensive Outpatient: Intensive Outpatient Therap | | | |
| | Sliding Fee Scale; | , co cocurring | | |
| | Stephen Center | 5217 S 28th St. Omaha NB 68107 | (402)715-5440 | (402)715 5452 |
| 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 Pre-Treatment Assessment (bio-psychosocial); C | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring co-Occurring; Outpatient Therapy | ult Non-Residential dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| | Intensive Outpatient: Intensive Outpatient Therap | y-Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Sanchez, Laura | AM Counseling and Consulting LLC | 919 Galvin Rd S Bellevue NB 68005 | (402)807-5117 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Groups nt - Individual; Adult Non-Residential Services Outpatient - Co- | | ces Outpatient - |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Or | utpatient Therapy - Co-occurr | ing; Assessment: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Sanchez, Laura | AM Counseling and Consulting LLC | 919 Galvin Rd S Bellevue NB 68005 | (402)807-5117 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Groups nt - Individual; Adult Non-Residential Services Outpatient - Co- | | ces Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | 0 | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Or | utpatient Therapy - Co-occurr | ing; Assessment: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Schifferns, Holli | Lutheran Family Services of NE Inc | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)292-9102 | |
| Substance Abuse Services: | | | | |
| | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Schifferns, Holli | Lutheran Family Services of NE Inc | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)292-9102 | |
| Substance Abuse Services: | | | | |
| | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Schnieder, Brian | Halo Counseling Center | 8998 L St Suite 110 Omaha NB 68127 | (402)850-0054 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Se | valuations; Adult Non-Residential Services Intervention/Educati es Outpatient - Groups; Adult Non-Residential Services Outpat rvices Outpatient - Co-Occurring Treatment; Adult Non-Reside | ient - Family; Adult Non-Resi ntial Services Intensive Outpa | dential Services atient Treatment; |
| | Care Monitoring SA/MH; Juvenile Non-Residentia | Evaluations; Juvenile Non-Residential Services Intervention/E al Services Outpatient - Groups; Juvenile Non-Residential Serv enile Non-Residential Services Outpatient - Co-Occurring Treat | vices Outpatient - Family; Juv | enile Non- |
| Mental Health Services: | Care Monitoring SA/MH; Juvenile Non-Residentia Residential Services Outpatient - Individual; Juve | al Services Outpatient - Groups; Juvenile Non-Residential Servenile Non-Residential Services Outpatient - Co-Occurring Treat | vices Outpatient - Family; Juv | enile Non- |

| Name | Agency | Address | Phone | Fax |
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| 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/Educati nt - Family; Adult Non-Residential Services Outpatient - Indivic ervices Substance Abuse Evaluations; Juvenile Non-Residenti venile Non-Residential Services Outpatient - Individual; Juveni | dual; Adult Non-Residential Se ial Services Intervention/Educ | ervices Outpatient - cation; Juvenile |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health; Ou | 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/Educati as Outpatient - Groups; Adult Non-Residential Services Outpat vices Outpatient - Co-Occurring Treatment; Adult Non-Reside Evaluations; Juvenile Non-Residential Services Intervention//E al Services Outpatient - Groups; Juvenile Non-Residential Serv nile Non-Residential Services Outpatient - Co-Occurring Treat | ient - Family; Adult Non-Resin ntial Services Intensive Outpa ducation; Juvenile Non-Resid vices Outpatient - Family; Juve | dential Services atient Treatment; dential Services enile Non- |
| | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy - Co-occurring; Intensive Outpatient: Intensiv | ve Outpatient Therapy-Co-occ | 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/Educati nt - Family; Adult Non-Residential Services Outpatient - Indivic ervices Substance Abuse Evaluations; Juvenile Non-Residenti venile Non-Residential Services Outpatient - Individual; Juveni | dual; Adult Non-Residential Se ial Services Intervention/Educ | ervices Outpatient - cation; Juvenile |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health; Ou | utpatient Therapy - Co-occurr | ing |
| Schutte-Lundy, Laura | UNMC Physicians Corporation | 4239 Farnam St #710 Omaha NB 68131 | (402)552-6152 | |
| | Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Individual; Juvenile Non-Re | aluations; Adult Non-Residential Services Outpatient - Individu vices Outpatient - Groups; Juvenile Non-Residential Services sidential Services Outpatient - Co-Occurring Treatment | | |
| Mental Health Services: | Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Assessment: Co-Occurring | utpatient Therapy - Co-occurring; Intensive Outpatient: Intensiv | ve Outpatient Therapy-Co-occ | curring; |
| Other Services: | - | | | |

| Name | Agency | Address | Phone | Fax |
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| Schutte-Lundy, Laura | UNMC Physicians Corporation | 4239 Farnam St #710 Omaha NB 68131 | (402)552-6152 | |
| Substance Abuse Services: | Abuse Evaluations; Juvenile Non-Residential Ser | aluations; Adult Non-Residential Services Outpatient - Individual; Juv vices Outpatient - Groups; Juvenile Non-Residential Services Outpat sidential Services Outpatient - Co-Occurring Treatment | | |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Assessment: Co-Occurring | utpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outp | patient Therapy-Co- | occurring; |
| Other Services: | C C | | | |
| Semerad, MaLeaha | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; On Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| Other Services: | | | | |
| Semerad, MaLeaha | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; On Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| Other Services: | | | | |
| Sextro, Karla | Child Saving Institute | 4545 Dodge Street Omaha NB 68132 | (402)553-6000 | (402)553-2428 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpar Residential Services Intervention/Education; Juve | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subst enile Non-Residential Services Outpatient - Groups; Juvenile Non-Re idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ance Abuse Evaluat sidential Services O | ions; Juvenile Non |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| | | Individual-Mental Health; Outpatient Therapy including Group Session | ons-Mental Health; C | Outpatient Therapy |
| Other Services: | Sliding Fee Scale; | ient merapy - Co-occurring | | |
| 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 Outpar Residential Services Intervention/Education; Juve | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subst enile Non-Residential Services Outpatient - Groups; Juvenile Non-Re idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ance Abuse Evaluat sidential Services O | ions; Juvenile Non |

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial) Out-Of-Home Shelter Care; Outpatient Therapy - including Family Sessions-Mental Health; Outpati Sliding Fee Scale; | Individual-Mental Health; Outpatient Therapy including Group Sess ient Therapy - Co-occurring | ions-Mental Health; Out | patient Therapy |
| Sharples, Gavin | Cornerstone Recovery House | 1101 S. 28th Street Omaha NB 68105d | (402)215-7535 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Sharples, Gavin | Cornerstone Recovery House | 1101 S. 28th Street Omaha NB 68105d | (402)215-7535 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Sheffield, Carol | Carol Sheffield Counseling Services, LLC | 919 Galvin Rd S, Suite A Bellevue NB 68005 | (402)276-2064 | |
| Mental Health Services: | Individual; Adult Non-Residential Services Outpai Residential Services Outpatient - Family; Juvenile Treatment; Juvenile Non-Residential Services Int Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subs e Non-Residential Services Outpatient - Individual; Juvenile Non-Re ensive Outpatient Treatment nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio tensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Asse | stance Abuse Evaluatior sidential Services Outpa p-psychosocial); Co-Occ | ns; Juvenile Non- atient - Co-Occurring curring; Outpatient |
| Sheffield, Carol | Carol Sheffield Counseling Services, LLC | 919 Galvin Rd S, Suite A Bellevue NB 68005 | (402)276-2064 | |
| Mental Health Services: | Individual; Adult Non-Residential Services Outpar Residential Services Outpatient - Family; Juvenile Treatment; Juvenile Non-Residential Services Int Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subs e Non-Residential Services Outpatient - Individual; Juvenile Non-Re ensive Outpatient Treatment nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio tensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Asse | stance Abuse Evaluatior sidential Services Outpa p-psychosocial); Co-Occ | ns; Juvenile Non- atient - Co-Occurring curring; Outpatient |

| Name | Agency | Address | Phone | Fax |
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| Shefter, Elizabeth | Veterans Affairs Medical Center (Veterans Only) | 4101 Woolworth Drive Omaha NB 68105 | (402)995-5974 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | raluations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu lesidential Services Dual Residential (MH/SA); Adult Residential Services | rring Treatment; Adult N | on-Residential |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Shefter, Elizabeth | Veterans Affairs Medical Center (Veterans Only) | | (402)995-5974 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | raluations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu tesidential Services Dual Residential (MH/SA); Adult Residential Services | rring Treatment; Adult N | on-Residential |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| 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 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-Re Individual; Juvenile Non-Residential Services Outpatient - Co-Occurr | rring Treatment; Juvenil sidential Services Outpa | e Assessment |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio | o-psychosocial); Co-Oco | curring; Outpatient |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpati ient: Co-Occurring | ent Therapy - Co-occurr | ing; 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 | raluations; Adult Non-Residential Services Intervention/Education; A nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurr ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | rring Treatment; Juvenil sidential Services Outpa | e Assessment |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio | o-psychosocial); Co-Oco | curring; Outpatient |
| Juvenile Services: | 15 | utpatient Therapy including Family Sessions-Mental Health; Outpati | ent Therapy - Co-occurr | ing; Assessment: |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | |
| Simmerman, Riannon | Alliance Counseling Center LLP | 11920 Burt St Suite 190 Omaha NB 68154 | (402)965-4004 | (402)965-4232 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse | e Evaluations; Adult Non-Residential Services Intensive Outpatient | t Treatment | |
| Mental Health Services: Juvenile Services: Other Services: | Pre-Treatment Assessment (bio-psychosocia | I); Co-Occurring; Outpatient Therapy | | |
| Simmerman, Riannon | Alliance Counseling Center LLP | 11920 Burt St Suite 190 Omaha NB 68154 | (402)965-4004 | (402)965-4232 |
| | | Evaluations; Adult Non-Residential Services Intensive Outpatient | tTreatment | |
| | Pre-Treatment Assessment (bio-psychosocial | l); Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Simmons, Kim | Lutheran Family Services of NE Inc | 2661 Douglas St Omaha NB 68131 | (402)978-5613 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial | I); Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Simmons, Kim | Lutheran Family Services of NE Inc | 2661 Douglas St Omaha NB 68131 | (402)978-5613 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial | l); Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Smeal, Jessica | | 900 S. 74th Plaza, Ste. 400 Omaha NB 68144 | (402)800-2990 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse | Evaluations; Juvenile Assessment Services Substance Abuse Ev | valuations | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocia | l); Co-Occurring; Outpatient Therapy | | |
| | Outpatient Therapy - Individual-Mental Health | ; Assessment: Co-Occurring | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Smeal, Jessica | | 900 S. 74th Plaza, Ste. 400 Omaha NB 68144 | (402)800-2990 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evaluation | ons | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; As | ssessment: Co-Occurring | | |
| Other Services: | | | | |
| Sorensen, Rachel | | 2170 North Platte Ave Fremont NB 68025 | (402)720-3992 | (402)753-6445 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | 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-F o-Occurring Treatment nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio | dult Non-Residential vices Intervention/Ec Residential Services | Services Outpatient ducation; Juvenile Outpatient - Individu |
| | Therapy Non-Treatment: Anger Management Class; Outp 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 | ng Group Sessions-I py - Co-occurring; In | Vental Health; tensive Outpatient: |
| 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; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Non-Residential Services Outpatient - Family; Juvenile Non-Foo-Occurring Treatment | dult Non-Residential | Services Outpatient |
| Mental Health Services: | | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio | -psychosocial); Co-C | Occurring; Outpatient |
| Juvenile Services: | Non-Treatment: Anger Management Class; Outpatient Therapy including Family Sessions-Ma | 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; | | | |
| Spring, Carly | Counseling Connections & Associates, LLC | 444 Regency Parkway Dr Suite 104 Omaha NB 68114 | (402)552-7004 | (402)553-1333 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ac nt - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Spring, Carly | Counseling Connections & Associates, LLC | 444 Regency Parkway Dr Suite 104 Omaha NB 68114 | (402)552-7004 | (402)553-1333 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; A int - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Stanek, Sean | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7013 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Stanek, Sean | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7013 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; A ont - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servi ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurri Dutpatient Therapy | Adult Non-Residential ices Substance Abus on-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid) | ent Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S | raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Services ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N ndividual; Juvenile Non-Residential | Adult Non-Residential | Services Outpatient - e Evaluations; Juvenile |

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

| Name | Agency | Address | Phone | Fax |
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| | Services Outpatient - Co-Occurring Treatment; J | Iuvenile Non-Residential Services Intensive Outpatient Treatme | ent | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Outpatient Therapy | | |
| Juvenile Services: | | Outpatient Therapy including Group Sessions-Mental Health; Ou | utpatient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | g; Assessment: Pre-Treatment Assessment (Medicaid) | | |
| Stein, Daniela | Lutheran Family Services of NE Inc | 120 S 24th St Ste 100 Omaha NB 68102 | (402)978-5604 | |
| | | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Stein, Daniela | Lutheran Family Services of NE Inc | 120 S 24th St Ste 100 Omaha NB 68102 | (402)978-5604 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Educati ent - Family; Adult Non-Residential Services Outpatient - Individ Services Interesting Outpatient Treatment | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Stennis, Aleah | Heartland Family Service | 1941 S 42nd St Suite 375 Omaha NB 68105 | (402)457-7767 | (402)455-1064 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Stennis, Aleah | Heartland Family Service | 1941 S 42nd St Suite 375 Omaha NB 68105 | (402)457-7767 | (402)455-1064 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

Other Services:

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|------------------------|---------------|
| Stennis, Gladys | Infinite Avenues Counseling | 7117 Farnam St Suite 17 Omaha NB 68132 | (402)905-6296 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Stennis, Gladys | Infinite Avenues Counseling | 7117 Farnam St Suite 17 Omaha NB 68132 | (402)905-6296 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Stessman, Gary | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)552-7474 | (402)552-7444 |
| | | raluations; Adult Non-Residential Services Outpatient - Family; A Ince Abuse Evaluations; Juvenile Non-Residential Services Outp Co-Occurring; Outpatient Therapy | | |
| | Outpatient Therapy - Individual-Mental Health; O (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Asso SE) | essment: Pre-Treatment | Assessment |
| Other Services: | | | | |
| Stessman, Gary | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)552-7474 | (402)552-7444 |
| | Individual; Juvenile Assessment Services Substa Services Outpatient - Individual | valuations; Adult Non-Residential Services Outpatient - Family; A Ince Abuse Evaluations; Juvenile Non-Residential Services Outp | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Asse | essment: Pre-Treatment | Assessment |
| Other Services: | | , | | |
| Stewart-Hunter, Salema | Charles Drew Health Center | 2915 Grant St Omaha NB 68111 | (402)810-9551 | |
| Substance Abuse Services: | | | | |
| | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | | Treatment: Mentoring; Outpatient Therapy - Individual-Mental He uding Family Sessions-Mental Health; Assessment: Pre-Treatme | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|---|---|--|---|--------------|
| Stewart-Hunter, Salema | Charles Drew Health Center | 2915 Grant St Omaha NB 68111 | (402)810-9551 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | | -Treatment: Mentoring; Outpatient Therapy - Individual-M Iuding Family Sessions-Mental Health; Assessment: Pre- | | ing Group |
| Other Services: | Sliding Fee Scale; | | | |
| 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/E atient - Co-Occurring Treatment; Juvenile Assessment Se venile Non-Residential Services Outpatient - Individual; Ju | ervices Substance Abuse Evaluations; J | uvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| 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/E atient - Co-Occurring Treatment; Juvenile Assessment Se venile Non-Residential Services Outpatient - Individual; Ju | ervices Substance Abuse Evaluations; J | uvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Stratton, Elizabeth | Catalyst Alternative Therapy Solutions & Life Coaching | 10320 Mary St Omaha NB 68122 | (402)957-4841 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - G | | Outpatient - |
| | Family, Addit Non-Residential Services ()liteatic | | | • |
| Mental Health Services | | ent - Individual; Adult Non-Residential Services Outpatient | - co-occurring meatment | · |
| | Pre-Treatment Assessment (bio-psychosocial); | | - co-occurring meannent | · |
| Mental Health Services: Juvenile Services: Other Services: | Pre-Treatment Assessment (bio-psychosocial); | | | · |
| Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); Catalyst Alternative Therapy Solutions & | | (402)957-4841 | |
| Juvenile Services: Other Services: Stratton, Elizabeth | Pre-Treatment Assessment (bio-psychosocial); Catalyst Alternative Therapy Solutions & Life Coaching | Co-Occurring; Outpatient Therapy | (402)957-4841 | |
| Juvenile Services: Other Services: Stratton, Elizabeth Substance Abuse Services: | Pre-Treatment Assessment (bio-psychosocial); Catalyst Alternative Therapy Solutions & Life Coaching Adult Assessment Services Substance Abuse E Family; Adult Non-Residential Services Outpatie | Co-Occurring; Outpatient Therapy 10320 Mary St Omaha NB 68122 valuations; Adult Non-Residential Services Outpatient - G ent - Individual; Adult Non-Residential Services Outpatient | (402)957-4841 Groups; Adult Non-Residential Services | |
| Juvenile Services: Other Services: Stratton, Elizabeth Substance Abuse Services: | Pre-Treatment Assessment (bio-psychosocial); Catalyst Alternative Therapy Solutions & Life Coaching Adult Assessment Services Substance Abuse E Family; Adult Non-Residential Services Outpatie Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring; Outpatient Therapy 10320 Mary St Omaha NB 68122 valuations; Adult Non-Residential Services Outpatient - G ent - Individual; Adult Non-Residential Services Outpatient | (402)957-4841 Groups; Adult Non-Residential Services | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | |
| 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 - Grou ces Substance Abuse Evaluations; Juvenile Non-Residentia | | |
| Mental Health Services: Juvenile Services: Other Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| 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 - Grouces Substance Abuse Evaluations; Juvenile Non-Residentia | | |
| Mental Health Services: Juvenile Services: Other Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Talbert, Erin | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7064 | |
| | Adult Assessment Services Substance Abuse Ev. Pre-Treatment Assessment (bio-psychosocial); C | aluations; Adult Non-Residential Services Outpatient - Grou co-Occurring; Outpatient Therapy | lbe | |
| Talbert, Erin | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7064 | |
| | Adult Assessment Services Substance Abuse Ev. Pre-Treatment Assessment (bio-psychosocial); C | aluations; Adult Non-Residential Services Outpatient - Grou o-Occurring; Outpatient Therapy | ups | |
| 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/Educ nt - Family; Adult Non-Residential Services Outpatient - Ind ervices Substance Abuse Evaluations; Juvenile Non-Reside venile Non-Residential Services Outpatient - Individual; Juv | lividual; Adult Non-Residential Se ential Services Intervention/Educ | ervices Outpatient - ation; Juvenile |
| | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Psychological Evaluation; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health; | ; Outpatient Therapy - Eating | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Disorder; Outpatient Therapy - Co-occurring; Ass Mental Status Exam (MSE); Assessment: Psycho | sessment: Pre-Treatment Assessment (Medicaid); Assessment: ological Evaluation | Outpatient Psychiatric Eva | aluation; Assessment: |
| Tamayo, Kelly | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)590-2947 | (402)590-2030 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Educatio ent - Family; Adult Non-Residential Services Outpatient - Individu Services Substance Abuse Evaluations; Juvenile Non-Residentia Ivenile Non-Residential Services Outpatient - Individual; Juvenile | ual; Adult Non-Residential I Services Intervention/Ed | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | | Co-Occurring; Psychological Evaluation; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Out nent Assessment (Medicaid); Assessment: Outpatient Psychiatri | | |
| Other Services: | | | | |
| Taylor, Thyris | Veterans Affairs Medical Center (Veterans Only) | 4101 Woolworth Drive Omaha NB 68105 | (402)995-4530 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | valuations; Adult Non-Residential Services Outpatient - Groups; nt - Individual; Adult Non-Residential Services Outpatient - Co-C Residential Services Dual Residential (MH/SA); Adult Residentia | occurring Treatment; Adult | Non-Residential |
| Mental Health Services: | Acute Inpatient; Pre-Treatment Assessment (bio- | -psychosocial); Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Taylor, Thyris | Veterans Affairs Medical Center (Veterans Only) | 4101 Woolworth Drive Omaha NB 68105 | (402)995-4530 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | valuations; Adult Non-Residential Services Outpatient - Groups; nt - Individual; Adult Non-Residential Services Outpatient - Co-C Residential Services Dual Residential (MH/SA); Adult Residentia | occurring Treatment; Adult | Non-Residential |
| Mental Health Services: Juvenile Services: Other Services: | Acute Inpatient; Pre-Treatment Assessment (bio- | -psychosocial); Co-Occurring; Outpatient Therapy | | |

| | Capstone Behavioral Health Adult Assessment Services Substance Abuse E | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (400)044.0444 | |
|---------------------------|---|--|---|---------------------|
| | Adult Assessment Services Substance Abuse E | | (402)614-8444 | (402)614-8443 |
| Mental Health Services: | | valuations; Adult Non-Residential Services Outpatient - Family; A atient - Co-Occurring Treatment; Juvenile Assessment Services S le Non-Residential Services Outpatient - Individual; Juvenile Non | Substance Abuse Evaluat | ions; Juvenile Non- |
| | Juvenile Pre-Treatment Assessment (PTA); Pre- | -Treatment Assessment (bio-psychosocial); Co-Occurring; Outpa | tient Therapy | |
| | Pre-Treatment Assessment (Medicaid); Assessment | Outpatient Therapy including Family Sessions-Mental Health; Out nent: Mental Status Exam (MSE); Assessment: Co-Occurring | patient Therapy - Co-occi | urring; Assessment: |
| Other Services: | | | | |
| Thompson, Jacquelyn | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Outpatient - Family; A atient - Co-Occurring Treatment; Juvenile Assessment Services S le Non-Residential Services Outpatient - Individual; Juvenile Non | Substance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | -Treatment Assessment (bio-psychosocial); Co-Occurring; Outpa | tient Therapy | |
| Juvenile Services: | | Dutpatient Therapy including Family Sessions-Mental Health; Out nent: Mental Status Exam (MSE); Assessment: Co-Occurring | patient Therapy - Co-occi | urring; Assessment: |
| Other Services: | | nent. Mental Status Exam (MSE), Assessment. Co-Occurring | | |
| Thompson, Sandy | Choice*Change*Consequence, LLC | 1645 N Street Lincoln NB 68508 | (402)450-4409 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Thompson, Sandy | Choice*Change*Consequence, LLC | 1645 N Street Lincoln NB 68508 | (402)450-4409 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Ticknor, Brenda | Alegent Health | 3308 Samson Way Ste 203 Bellevue NB 68123 | (402)717-7674 | (402)291-8806 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Groups; / ent - 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: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring; Outpatient Therapy | | |
| Meritar Fleattr Berviecs: | · · · · · · · · · · · · · · · · · · · | Dutpatient Therapy including Group Sessions-Mental Health; Outp | | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sessions-Mental Health; Outpatient Therapy - Ea Assessment: Mental Status Exam (MSE); Asses Hearing Impaired; Bilingual Services; | ating Disorder; Outpatient Therapy - Co-occurring; Assessment sment: Co-Occurring | : Pre-Treatment Assessme | ent (Medicaid); |
| Ticknor, Brenda | Alegent Health | 3308 Samson Way Ste 203 Bellevue NB 68123 | (402)717-7674 | (402)291-8806 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Groups nt - Individual; Adult Non-Residential Services Outpatient - Co- e Non-Residential Services Outpatient - Groups; Juvenile Non-F ; Juvenile Non-Residential Services Outpatient - Co-Occurring | Occurring Treatment; Juve Residential Services Outpa | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring; Outpatient Therapy | | |
| | Mental Health; Outpatient Therapy - Eating Diso Mental Status Exam (MSE); Assessment: Co-Oc | Outpatient Therapy including Group Sessions-Mental Health; Ou rder; Outpatient Therapy - Co-occurring; Assessment: Pre-Trea ccurring | | |
| Other Services: | Hearing Impaired; Bilingual Services; | | | |
| Tostenson, Dawn | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Residential Services Extended Residential; Adul Juvenile Non-Residential Services Intervention/E | valuations; Adult Non-Residential Services Intervention/Educati ent - Family; Adult Non-Residential Services Outpatient - Indivic Services Intensive Outpatient Treatment; Adult Residential Serv t Residential Services Short Term Residential; Juvenile Assess Education; Juvenile Non-Residential Services Outpatient - Grou patient - Individual; Juvenile Non-Residential Services Outpatien | lual; Adult Non-Residential vices Dual Residential (MH ment Services Substance ps; Juvenile Non-Resident | Services Outpatient I/SA); Adult Abuse Evaluations; ial Services Outpatier |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| 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 Residential Services Extended Residential; Adul Juvenile Non-Residential Services Intervention/E | valuations; Adult Non-Residential Services Intervention/Educati ent - Family; Adult Non-Residential Services Outpatient - Indivic Services Intensive Outpatient Treatment; Adult Residential Serv t Residential Services Short Term Residential; Juvenile Assess Education; Juvenile Non-Residential Services Outpatient - Grou patient - Individual; Juvenile Non-Residential Services Outpatient | lual; Adult Non-Residential vices Dual Residential (M⊢ ment Services Substance ps; Juvenile Non-Resident | Services Outpatient I/SA); Adult Abuse Evaluations; ial Services Outpatier |
| Mandal Haaldh Oan isaa | Co-Occurring; Outpatient Therapy | | | |
| Mental Health Services: | Co-Occuming, Outpatient merapy | | | |
| Juvenile Services: | Co-Occurring, Outpatient merapy | | | |

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

| Name | Agency | Address | Phone | Fax |
|--|---|---|--|-------------------|
| 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; . vices Outpatient - Individual | Juvenile Assessment S | ervices Substanc |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpa | tient Therapy including | Family Sessions- |
| Other Services: | | | | |
| Froia, 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; , vices Outpatient - Individual | Juvenile Assessment S | ervices Substanc |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpa | tient Therapy including | Family Sessions |
| Other Services: | | | | |
| Froxell, Jean | Douglas County Community Mental Health Center | 1709 Jackson Street Omaha NB 68102 | (402)599-2657 | (402)599-256 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Ad tient - Co-Occurring Treatment; Adult Non-Residential Services Int | | |
| | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring | | |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring | | |
| Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | | (402)599-2657 | (402)599-256 |
| Juvenile Services: Other Services: Troxell, Jean | Pre-Treatment Assessment (bio-psychosocial); C Douglas County Community Mental Health Center Adult Assessment Services Substance Abuse Ev | | lult Non-Residential Se | rvices Outpatient |
| Juvenile Services: Other Services: Troxell, Jean Substance Abuse Services: | Pre-Treatment Assessment (bio-psychosocial); C Douglas County Community Mental Health Center Adult Assessment Services Substance Abuse Ev | 1709 Jackson Street Omaha NB 68102 aluations; Adult Non-Residential Services Outpatient - Groups; Ad tient - Co-Occurring Treatment; Adult Non-Residential Services Int | lult Non-Residential Se | rvices Outpatient |
| Juvenile Services: Other Services: Troxell, Jean Substance Abuse Services: | Pre-Treatment Assessment (bio-psychosocial); C Douglas County Community Mental Health Center Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Pre-Treatment Assessment (bio-psychosocial); C | 1709 Jackson Street Omaha NB 68102 aluations; Adult Non-Residential Services Outpatient - Groups; Ad tient - Co-Occurring Treatment; Adult Non-Residential Services Int | lult Non-Residential Se | rvices Outpatient |
| Juvenile Services: Other Services: Froxell, Jean Substance Abuse Services: Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C Douglas County Community Mental Health Center Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Pre-Treatment Assessment (bio-psychosocial); C | 1709 Jackson Street Omaha NB 68102 aluations; Adult Non-Residential Services Outpatient - Groups; Ad tient - Co-Occurring Treatment; Adult Non-Residential Services Int | lult Non-Residential Se | rvices Outpatient |
| Juvenile Services: Other Services: Froxell, Jean Substance Abuse Services: Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C Douglas County Community Mental Health Center Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Pre-Treatment Assessment (bio-psychosocial); C | 1709 Jackson Street Omaha NB 68102 aluations; Adult Non-Residential Services Outpatient - Groups; Ad tient - Co-Occurring Treatment; Adult Non-Residential Services Int | lult Non-Residential Se tensive Outpatient Trea | |

Juvenile Services: Non-Treatment: Anger Management Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring

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

| Name | Agency | Address | Phone | Fax |
|---|--|---|---------------|---------------|
| Other Services: | Sliding Fee Scale; | | | |
| vrdik, Gregory | | 444 Regency Parkway Drive, Suite 104 Omaha NB 68114 | (402)885-7932 | (402)281-0665 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Family; Adult N tient - Co-Occurring Treatment; Adult Non-Residential Services Intens | | |
| Juvenile Services: | | o-Occurring; Outpatient Therapy; Mental Health Intensive Manageme atient Therapy - Individual-Mental Health; Outpatient Therapy - Co-oc | | |
| Ipton, Jessica | The Genesis House/New Beginnings Recovery Inc | 4127 S 42nd St Omaha NB 68107 | (402)213-4145 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| pton, Jessica | The Genesis House/New Beginnings Recovery Inc | 4127 S 42nd St Omaha NB 68107 | (402)213-4145 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| anNortwick, Peggy | Douglas County Community Mental Health Center | 4102 Woolworth Ave Omaha NB 68105 | (402)444-7609 | (402)996-8171 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tient - Co-Occurring Treatment; Adult Non-Residential Services Intens | | |
| Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Other Services: anNortwick, Peggy | Sliding Fee Scale; Douglas County Community Mental Health | 4102 Woolworth Ave Omaha NB 68105 | (402)444-7609 | (402)996-8171 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tient - Co-Occurring Treatment; Adult Non-Residential Services Intens | | |

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

| Name | Agency | Ade | dress | Phone | Fax |
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| Juvenile Services: | | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| VanTrimmell, Joseph | Heartland Family Service | 2101 S 42nd St Omaha NB | 68105 | (402)212-3836 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva Individual; Adult Non-Residential Services Outpat | | Services Outpatient - Groups; A | dult Non-Residential Sei | vices Outpatient - |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | C C | | | |
| Juvenile Services: | | | | | |
| Other Services: | | | | | |
| VanTrimmell, Joseph | Heartland Family Service | 2101 S 42nd St Omaha NB | 68105 | (402)212-3836 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential S tient - Co-Occurring Treatment | Services Outpatient - Groups; A | dult Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | | |
| Juvenile Services: | | | | | |
| Other Services: | | | | | |
| Vasquez-Evans, Linda | | 7701 Pacific Street, Ste 101 | Omaha NB 68114 | (402)889-6359 | (402)564-7735 |
| | 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 Pre-Treatment Assessment (bio-psychosocial); C | nt - Family; Adult Non-Residential Services Intensive Outpatient Trea Juvenile Non-Residential Service dividual; Juvenile Non-Residentia | Services Outpatient - Individua tment; Juvenile Assessment So s Outpatient - Groups; Juvenile | al; Adult Non-Residential ervices Substance Abuse e Non-Residential Servic | Services Outpatient Evaluations; Juveni es Outpatient - Famil |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Outpatient: Intensive Outpatient Therapy-Mental I Assessment (Medicaid); Assessment: Mental Sta Sliding Fee Scale; Bilingual Services; | utpatient Therapy including Family Health; Intensive Outpatient: Inter | sive Outpatient Therapy-Co-oc | | |
| Vasquez-Evans, Linda | Shung ree Scale, Dhingual Services, | 7701 Pacific Street, Ste 101 | | (402)889-6359 | (402)564-7735 |
| • | | | | () | |
| Mental Health Services: | Adult Assessment Services Substance Abuse Eve 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 Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Ou | nt - Family; Adult Non-Residential Services Intensive Outpatient Trea Juvenile Non-Residential Service dividual; Juvenile Non-Residentia o-Occurring; Outpatient Therapy | Services Outpatient - Individua tment; Juvenile Assessment So is Outpatient - Groups; Juvenile I Services Outpatient - Co-Occ | al; Adult Non-Residential ervices Substance Abuse e Non-Residential Servic urring Treatment; Juveni | Services Outpatient Evaluations; Juveni es Outpatient - Famil e Non-Residential |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|-----------------------|---------------------|
| Other Services: | Sliding Fee Scale; Bilingual Services; | | • | • |
| Voss, Stephanie R | | 12020 Shamrock Plaza, Suite 200 Omaha NB 68154 | (402)650-5250 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Co-Occurring sidential Services Outpatient - Co-Occurring Treatment | g Treatment; Juvenile | Assessment Servic |
| Mental Health Services: | | | | |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy - Co-occurring | | |
| Other Services: | | | | |
| Voss, Stephanie R | | 12020 Shamrock Plaza, Suite 200 Omaha NB 68154 | (402)650-5250 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Co-Occurring sidential Services Outpatient - Co-Occurring Treatment | g Treatment; Juvenile | Assessment Servic |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy - Co-occurring | | |
| Other Services: | | | | |
| Walker, Jeffery | All Communities Outreach Services | 112 E Mission Ave Bellevue NB 68005 | (402)257-1122 | |
| | | | | |
| | | eatment: Anger Management Class; Non-Treatment: General Educat | tion Class; Non-Treat | ment: Family Partne |
| Other Services: | Bilingual Services; | | | |
| Walker, Jeffery | All Communities Outreach Services | 112 E Mission Ave Bellevue NB 68005 | (402)257-1122 | |
| | | | | |
| | | eatment: Anger Management Class; Non-Treatment: General Educat | tion Class; Non-Treat | ment: Family Partne |
| Other Services: | Bilingual Services; | | | |
| Ward, Teresa K | Heartland Family Service | 705 N. 16th Street Council Bluffs IA 51501 | (712)325-5640 | (712)256-1718 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Name | Agency | Address | THONE | T dA |
| Ward, Teresa K | Heartland Family Service | 705 N. 16th Street Council Bluffs IA 51501 | (712)325-5640 | (712)256-1718 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health | | |
| Other Services: | | | | |
| Wells, Amanda | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5449 | |
| Substance Abuse Services: | | aluations; Adult Residential Services Dual Residential (MH/SA); Adul n Residential; Juvenile Assessment Services Substance Abuse Eval | | es Extended |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | • | uations | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Wells, Amanda | Along the Willowed Path, P.C. | 11635 Arbor Street STE 110 Omaha NB 68144 | (402)660-9687 | |
| | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile Treatment | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Individual; Juvenile Non-Residential | ing Treatment; Juve | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier : Assessment: Co-Occurring | nt Therapy including | Family Sessions- |
| Other Services: | | ,, | | |
| Wells, Amanda | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5449 | |
| Substance Abuse Services: | | aluations; Adult Residential Services Dual Residential (MH/SA); Adul n Residential; Juvenile Assessment Services Substance Abuse Eval | | es Extended |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | • | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| 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 Outpatien | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Individual; Juvenile Non-Residential | ing Treatment; Juve | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier ; Assessment: Co-Occurring | nt Therapy including | Family Sessions- |
| Other Services: | | - | | |

| 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 | aluations; Adult Non-Residential Services Intervention/Education; Ant - Family; Adult Non-Residential Services Outpatient - Individual; ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non- venile Non-Residential Services Outpatient - Family; Juvenile Non- o-Occurring Treatment | Adult Non-Residential S ervices Intervention/Edu | ervices Outpatient - cation; Juvenile |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpati g; Assessment: Co-Occurring | ent Therapy including Fa | amily 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 | | Adult Non-Residential S ervices Intervention/Edu | ervices Outpatient - cation; Juvenile |
| 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 | ent Therapy including Fa | |
| Other Services: | Sliding Fee Scale; | | | amily Sessions- |
| | | | | amily Sessions- |
| Whitehead, Daniel | | 1941 South 42nd Street Suite 536 Omaha NB 68105 | (402)958-5663 | amily Sessions- |
| Whitehead, Daniel Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | 1941 South 42nd Street Suite 536 Omaha NB 68105 aluations; Adult Non-Residential Services Outpatient - Individual | (402)958-5663 | amily Sessions- |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Pre-Treatment Assessment (bio-psychosocial); C | aluations; Adult Non-Residential Services Outpatient - Individual | (402)958-5663 | amily Sessions- |
| Substance Abuse Services: | Pre-Treatment Assessment (bio-psychosocial); C | aluations; Adult Non-Residential Services Outpatient - Individual | (402)958-5663 | amily Sessions- |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | aluations; Adult Non-Residential Services Outpatient - Individual | (402)958-5663 | amily Sessions- |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | aluations; Adult Non-Residential Services Outpatient - Individual | (402)958-5663 (402)958-5663 | amily Sessions- |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Whitehead, Daniel | Pre-Treatment Assessment (bio-psychosocial); C Sliding Fee Scale; | raluations; Adult Non-Residential Services Outpatient - Individual co-Occurring; Outpatient Therapy | | amily Sessions- |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Whitehead, Daniel Substance Abuse Services: | Pre-Treatment Assessment (bio-psychosocial); C Sliding Fee Scale; | aluations; Adult Non-Residential Services Outpatient - Individual co-Occurring; Outpatient Therapy 1941 South 42nd Street Suite 536 Omaha NB 68105 raluations; Adult Non-Residential Services Outpatient - Individual | | amily Sessions- |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Whitehead, Daniel Substance Abuse Services: | Pre-Treatment Assessment (bio-psychosocial); C Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Pre-Treatment Assessment (bio-psychosocial); C | aluations; Adult Non-Residential Services Outpatient - Individual co-Occurring; Outpatient Therapy 1941 South 42nd Street Suite 536 Omaha NB 68105 raluations; Adult Non-Residential Services Outpatient - Individual | | amily Sessions- |

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| Name | Agency | Address | Phone | Fax | | | |
| Wiedel, Karla | Lincoln Medical Education Partnership | 4600 Valley Road Lincoln NB 68510 | (402)327-6822 | (402)483-4594 | | | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | Adult Non-Residential | Services Outpatient ducation; Juvenile | | | |
| | | -Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy | | | | | |
| | Pre-Treatment Assessment (Medicaid); Assessm | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessmen Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring | | | | | |
| 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 | 0 | Adult Non-Residential | Services Outpatient ducation; Juvenile | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpati nent: Mental Status Exam (MSE); Assessment: Co-Occurring | ent Therapy - Co-occ | urring; Assessment: | | | |
| Other Services: | Sliding Fee Scale; | | | | | | |
| Wiggins, Thomas "Michael" | Wiggins House/Mink Assets LLC | 4502 Redick Ave Omaha NB 68152 | (402)686-8620 | (866)208-3154 | | | |
| Substance Abuse Services: | | | | | | | |
| Mental Health Services: | Outpatient Therapy | | | | | | |
| Juvenile Services: | | | | | | | |
| Other Services: | | | | | | | |
| Wiggins, Thomas "Michael" | Wiggins House/Mink Assets LLC | 4502 Redick Ave Omaha NB 68152 | (402)686-8620 | (866)208-3154 | | | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy | | | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|--|---|-----------------------------|---------------------|
| Wiles, Lori | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)964-2092 | (402)964-2093 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Groups ance Abuse Evaluations; Juvenile Non-Residential Services Ou | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Wiles, Lori | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)964-2092 | (402)964-2093 |
| | Individual; Juvenile Assessment Services Substa Services Outpatient - Individual | valuations; Adult Non-Residential Services Outpatient - Groups ance Abuse Evaluations; Juvenile Non-Residential Services Ou | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: Other Services: | | | | |
| Other Octvices. | | | | |
| Wiley, Barbara | Barbara A Wiley MS | 16055 Browne St Omaha NB 68116 | (402)533-3459 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: Other Services: | | | | |
| Other Services. | | | | |
| Niley, Barbara | Barbara A Wiley MS | 16055 Browne St Omaha NB 68116 | (402)533-3459 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: Other Services: | | | | |
| 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 Outpa | valuations; Adult Non-Residential Services Outpatient - Family; ttient - Co-Occurring Treatment; Juvenile Assessment Services e Non-Residential Services Outpatient - Individual; Juvenile No | s Substance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; O | utpatient Therapy - Co-occu | urring; Assessment: |

| Name | Agency | Address | Phone | Fax | | | |
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| 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 | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subs e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | tance Abuse Evaluat | ions; Juvenile Non- | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | reatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy | | | | | |
| Juvenile Services: | | tpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Treatment Assessment (Medicaid); Assessment: Co-Occurring | | | | | |
| Other Services: | | | | | | | |
| Wilson, Charlene | | 105 N 31st Ave Suite 212 Omaha NB 68131 | (402)378-8508 | (402)939-0676 | | | |
| Substance Abuse Services: | | | | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | | | | |
| Juvenile Services: | | ent Therapy - Individual-Mental Health; Outpatient Therapy including h; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; SE) | | | | | |
| Other Services: | | | | | | | |
| Wilson, Charlene | | 105 N 31st Ave Suite 212 Omaha NB 68131 | (402)378-8508 | (402)939-0676 | | | |
| Substance Abuse Services: | | | | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | | | | |
| Juvenile Services: | 2 11 2 1 | ent Therapy - Individual-Mental Health; Outpatient Therapy including h; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; SE) | | · · | | | |
| Other Services: | | | | | | | |
| Woolman, Erin | Lutheran Family Services of NE Inc | 124 S. 24th St., Suite 200 Omaha NB 68102 | (402)661-7104 | (402)661-7117 | | | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | raluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Residential Services Intensive Outpatient Treatment | | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | | | | |
| Juvenile Services: | | | | | | | |
| Other Services: | Sliding Fee Scale; | | | | | | |
| Woolman, Erin | Lutheran Family Services of NE Inc | 124 S. 24th St., Suite 200 Omaha NB 68102 | (402)661-7104 | (402)661-7117 | | | |
| | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - Residential Services Intensive Outpatient Treatment Co-Occurring; Outpatient Therapy | | | | | |

| Name | Agency | Address | Phone | Fax | | |
|--|---|---|-------------------------------|----------------------|--|--|
| Other Services: | Sliding Fee Scale; | | | | | |
| Worsley, Michael | Veterans Affairs Medical Center (Veterans Only) | 4101 Woolworth Drive Omaha NB 68105 | (402)995-4638 | | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | raluations; Adult Non-Residential Services Outpatient - Gro nt - Individual; Adult Non-Residential Services Outpatient - lesidential Services Dual Residential (MH/SA); Adult Resid | Co-Occurring Treatment; Adult | Non-Residential | | |
| Mental Health Services: Juvenile Services: Other Services: | | psychosocial); Co-Occurring; Psychological Evaluation; O | utpatient Therapy | | | |
| Worsley, Michael | Veterans Affairs Medical Center (Veterans Only) | 4101 Woolworth Drive Omaha NB 68105 | (402)995-4638 | | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | raluations; Adult Non-Residential Services Outpatient - Gro nt - Individual; Adult Non-Residential Services Outpatient - esidential Services Dual Residential (MH/SA); Adult Resid | Co-Occurring Treatment; Adult | Non-Residential | | |
| Mental Health Services: | Acute Inpatient; Pre-Treatment Assessment (bio- | psychosocial); Co-Occurring; Psychological Evaluation; O | utpatient Therapy | | | |
| Juvenile Services: | | | , | | | |
| Other Services: | | | | | | |
| Zlomke, Leland | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 | | |
| Substance Abuse Services: | | | | | | |
| Mental Health Services: | | nile Youth Who Sexually Harm Evaluation (YWSH); Pre-T | reatment Assessment (bio-psyc | hosocial); Adults wh | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | tion; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health Sexually Harm; Outpatient Therapy - Eating Disorder; Asse sment: Psychological Evaluation; Assessment: Juvenile Wi | essment: Pre-Treatment Assess | sment (Medicaid); | | |
| Other Services: | | | | | | |
| Zlomke, Leland | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 | | |
| Substance Abuse Services: | | | | | | |
| Mental Health Services: | | | reatment Assessment (bio-psyc | hosocial); Adults wh | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Youth Who S | hile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment Assessment (bio-psychosocial); Ad ally Harm Evaluation; Psychological Evaluation; Outpatient Therapy atient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Session al Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessment (Medic ssment: Mental Status Exam (MSE); Assessment: Psychological Evaluation; Assessment: Juvenile Who Sexually Harm Risk Assessment | | | | |
| | | shielit. T sychological Evaluation, Assessment. Suverille Wi | lo ocxually harm Nisk Assessi | nem | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|------------------------------------|-------------------|
| Zueter, Kimberly | | 5087 S 106th St Omaha NB 68127 | (402)630-7560 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - F tient - Co-Occurring Treatment; Juvenile Assessment Se e Non-Residential Services Outpatient - Individual; Juve | ervices Substance Abuse Evaluation | ns; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Hea ent: Mental Status Exam (MSE); Assessment: Co-Occu | | ing; Assessment: |
| Other Services: | | | g | |
| 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 - F tient - Co-Occurring Treatment; Juvenile Assessment Se e Non-Residential Services Outpatient - Individual; Juve | ervices Substance Abuse Evaluatior | ns; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Hea ent: Mental Status Exam (MSE); Assessment: Co-Occu | | ing; Assessment: |
| Other Services: | | | - | |

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| Name | Agency | Address | Phone | Fax |
| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Adults who Sexually Harm Evaluation; Outpatient Thera | ру | |
| | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-Me Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; | atient Therapy - Individual-Mental Health; Outpatient Therapy includir ental Health; Outpatient Therapy - Eating Disorder; Day Treatment Da ent: Mental Status Exam (MSE) | ng Group Sessions-Me ay Treatment-Mental H | ental Health; Health; Assessmer |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Osborne, Rhonda | Region II- Human Services | 401 West 1st Street Ogallala NB 69153 | (308)284-6767 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | dult Non-Residential S vices Intervention/Edu | ervices Outpatient cation; Juvenile |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Content of the second s | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O | raluations; Adult Non-Residential Services Intervention/Education; Adu ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non adividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatient g; Assessment: Pre-Treatment Assessment (Medicaid) | dult Non-Residential S es Substance Abuse n-Residential Services g Treatment; Juvenile | Services Outpatient Evaluations; Juven Soutpatient - Fami Non-Residential |

| Name | Agency | Address | Phone | Fax | |
|----------------------|--|---|---------------|--------------------|--|
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 | |
| | es: 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 Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual es: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation; Outpatient Therapy | | | | |
| | Mental Health; Outpatient Therapy - Youth Who S | ealth; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions th Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-You reatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Evaluatior | | ient Therapy-Youth | |

| Name | Agency | Address | Phone | Fax | | | |
|---------------------------|--|--|--|---|--|--|--|
| Betka, Cindy | FGH Inc | 942 N 13th St. Geneva NB 68361 | (402)879-5959 | (402)759-3803 | | | |
| | Groups; Adult Non-Residential Services Outpatie | Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services s; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual eatment Assessment (bio-psychosocial); Outpatient Therapy | | | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati | n-Treatment: Anger Management Class; Non-Treatment: General Education Class; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy luding Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient erapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring | | | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | | | | |
| Substance Abuse Services: | | | | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | | | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | al Evaluation; Assess | ment: Juvenile Who | | | |
| Other Services: | | | | | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | | | | |
| Substance Abuse Services: | | | | | | | |
| Mental Health Services: | Outpatient Therapy | | | | | | |
| | Non-Treatment: Day Reporting; Non-Treatment: 0 | General Education Class | | | | | |
| Other Services: | Sliding Fee Scale; | | | | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 | | | |
| Substance Abuse Services: | | | | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Outpatient | Therapy | | | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; Ir | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental Health; rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health thensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment | ealth; Outpatient The t | erapy - Youth Who ent: Intensive | | | |
| Other Services: | | | | | | | |
| McNichols, Stephanie | | 4701 Van Dorn Suite B Lincoln NB 68506 | (402)440-6496 | | | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juveniles Outpatient - Family | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---|
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C Mental Health; Outpatient Therapy - Co-occurrin | Dutpatient Therapy including Group Sessions-Mental Health; ng | Outpatient Therapy including | 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 Outpa Assessment Services Substance Abuse Evaluat Family; Juvenile Non-Residential Services Outpa Residential Services Intensive Outpatient Treatm | | ices Intensive Outpatient Treation; Juvenile Non-Residential | tment; Juvenile Services Outpatient - |
| | Pre-Treatment Assessment (bio-psychosocial); (| Outpatient Therapy patient Therapy patient TheraPy Individual-Mental Health; Outpatient Thera | ny including Family Soccions | Montal Haalth |
| Juvenine Services. | Outpatient Therapy - Eating Disorder; Outpatien Outpatient: Intensive Outpatient- Eating Disorde | nt Therapy - Co-occurring; Intensive Outpatient: Intensive Ou er; Intensive Outpatient: Intensive Outpatient Therapy-Co-occ Evaluation; Assessment: Mental Status Exam (MSE) | tpatient Therapy-Mental Healt | h; Intensive |
| Other Services: | Sliding Fee Scale; | | | |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| Substance Abuse Services: | | ucation; Adult Non-Residential Services Outpatient - Groups; ividual; Adult Non-Residential Services Outpatient - Co-Occu | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Edu ient - Family; Adult Non-Residential Services Outpatient - Inc Services Intensive Outpatient Treatment; Juvenile Assessm n; Juvenile Non-Residential Services Outpatient - Groups; Ju Individual; Juvenile Non-Residential Services Outpatient - Co | lividual; Adult Non-Residentia ent Services Substance Abus uvenile Non-Residential Servic | Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| | • | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C | Outpatient Therapy Dutpatient Therapy including Group Sessions-Mental Health; ng; Assessment: Pre-Treatment Assessment (Medicaid) | Outpatient Therapy including | Family Sessions- |

| Name | Agency | Address | Phone | Fax | | |
|---------------------------|--|--|-----------------------|---|--|--|
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 | | |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | sessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual | | | | |
| | | o-Occurring; Adults who Sexually Harm Evaluation; Psychological E | | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A Assessment: Assessment: Co-Occurring | ent: Intensive Outpat | ient Therapy-Youth | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Trauernicht, Joellyn | Blue Valley Behavioral Health | 1123 N 9th St Beatrice NB 68310 | (402)228-3386 | (402)228-2004 | | |
| | Groups; Adult Non-Residential Services Outpatie Extended Residential | aluations; Adult Non-Residential Services Intervention/Education; Ac nt - Individual; Adult Non-Residential Services Intensive Outpatient 7 | | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | | | |
| Juvenile Services: | | | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Volnek, Ashley | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-8748 | (402)475-6728 | | |
| Substance Abuse Services: | Adult Residential Services Dual Residential (MH/ | SA) | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | | | |
| Juvenile Services: | | | | | | |
| Other Services: | | | | | | |
| Weber, Kristi | Weber Behavioral Health | 942 N 13th Geneva NB 68361 | (402)759-3802 | (402)759-3803 | | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Co-Occurring | Treatment | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre-T | Freatment Assessment (bio-psychosocial); Outpatient Therapy; Medi | cation Evaluation | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Assessn ivaluation; Assessment: Mental Status Exam (MSE); Assessment: M | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)383-1622 | | | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential | Services Outpatient lucation; Juvenile | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | | | |

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

| | | Name | Agency | Address | Phone | Fax |
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Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring

Other Services: Sliding Fee Scale;

Registered Service Providers for County: Franklin

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|---|
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Adults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm Sexually Harm Risk Assessment | ; Assessment: Mental Status Exam (MSE); Assessment: Psycholog | cal Evaluation; Asses | sment: Juvenile Who |
| Other Services: | | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | 1 13 | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Outpatier | nt Therapy | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-M Sexually Harm; Outpatient Therapy - Eating Disc Outpatient Therapy-Youth Who Sexually Harm; | -Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatental Health; Outpatient Therapy including Family Sessions-Mental order; Intensive Outpatient: Intensive Outpatient Therapy-Mental He Intensive Outpatient: Intensive Outpatient- Eating Disorder; Assessressment: Juvenile Who Sexually Harm Risk Assessment | Health; Outpatient The alth; Intensive Outpati | erapy - Youth Who ent: Intensive |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpatient: | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Menta apy including Family Sessions-Mental Health; Outpatient Therapy - ient Therapy-Mental Health; Intensive Outpatient: Intensive Outpati- aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foste | Eating Disorder; Outpa ent Therapy-Youth Wh | atient Therapy - Co- to Sexually Harm; |
| Other Services: | | | | |

Registered Service Providers for County: Franklin

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|---|
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Juvenile Assessment Ser ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occu | ; Adult Non-Residential rvices Substance Abuse Non-Residential Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Mental Health: Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpa g; Assessment: Pre-Treatment Assessment (Medicaid) | tient Therapy including F | amily Sessions- |
| Other Services: | Sliding Fee Scale; | g, | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intens | aluations; Adult Non-Residential Services Outpatient - Groups; Ac ive Outpatient Treatment; Juvenile Assessment Services Substan- ile Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Adults who Sexually Harm Evaluation; Psychologica | Evaluation; Outpatient | Therapy |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpa Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outp tt Assessment (Medicaid); Assessment: Mental Status Exam (MSE Assessment; Assessment: Co-Occurring | atient: Intensive Outpatie | ent Therapy-Youth |
| Other Services: | Sliding Fee Scale; | - | | |
| Stuehm, Nadine | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)865-8738 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Care Monitoring SA/MI Family; Juvenile Non-Residential Services Outpaties | valuations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual Services Substance Abuse Evaluations; Juvenile Non-Residential S H; Juvenile Non-Residential Services Outpatient - Groups; Juvenile atient - Individual Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatie | ; Adult Non-Residential S Services Intervention/Edu e Non-Residential Servic | Services Outpatient - ucation; Juvenile |
| | | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | | | |
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)383-1622 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/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 Services Intervention/Edu | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpa | tient Therapy including F | amily |

Registered Service Providers for County: Franklin

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

| Name | Agency | Address | Phone | Fax |
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Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring

Other Services: Sliding Fee Scale;

Registered Service Providers for County: Frontier

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Brandyberry, Kyle | 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 ent - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Juvenile Assessment S ; Juvenile Non-Residential Services Outpatient - Groups; Juvenil adividual; Juvenile Non-Residential Services Outpatient - Co-Occ | al; Adult Non-Residential ervices Substance Abus e Non-Residential Servic | Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outp g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring SE): Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |
| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Adults who Sexually Harm Evaluation; Outpatient 7 | Therapy | |
| Juvenile Services: | | atient Therapy - Individual-Mental Health; Outpatient Therapy indental Health; Outpatient Therapy - Eating Disorder; Day Treatme | | |
| Other Services: | Sliding Fee Scale; | ient. Mental Status Exam (MSE) | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Outpatient | t Therapy | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me | Treatment: Juvenile Offender/Victim and Conflict Mediation; Out ental Health; Outpatient Therapy including Family Sessions-Men rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental | tal Health; Outpatient The Health; Intensive Outpati | erapy - Youth Who ent: Intensive |

Other Services:

Registered Service Providers for County: Frontier

| Name | Agency | Address | Phone | Fax |
|-------------------------|--|---|--|--|
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Edu nt - Family; Adult Non-Residential Services Outpatient - Inc Services Intensive Outpatient Treatment; Juvenile Assessm 5 Juvenile Non-Residential Services Outpatient - Groups; Ju dividual; Juvenile Non-Residential Services Outpatient - Co | lividual; Adult Non-Residential S ent Services Substance Abuse Ivenile Non-Residential Service | Services Outpatient Evaluations; Juvenil s Outpatient - Family |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | Dutpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; g; Assessment: Pre-Treatment Assessment (Medicaid) | Outpatient Therapy including F | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Grou ive Outpatient Treatment; Juvenile Assessment Services Si le Non-Residential Services Outpatient - Individual co-Occurring; Adults who Sexually Harm Evaluation; Psycho | ubstance Abuse Evaluations; Ju | uvenile Non- |
| | Outpatient Therapy - Individual-Mental Health; Ou | utrationt Thorapy including Group Sossions Montal Health: | Outpatient Therapy including F | amily Speciane- |

| Substance Abuse Services: Mental Health Services: Pre-T Juvenile Services: Non- Outpa Pre-T Other Services: Slidin Jones, James Com Substance Abuse Services: Outpa Juvenile Services: Slidin Keezer, Chad Mid-l Heal Substance Abuse Services: Slidin Keezer, Chad Mid-l Heal Substance Abuse Services: Outpa Juvenile Services: Outpa Juvenile Services: Outpa Substance Abuse Services: Outpa | Treatment: Anger Management Class; Outpa atient Therapy including Family Sessions-Me Freatment Assessment (Medicaid); Assessme ing Fee Scale; imunity Justice Center atient Therapy Treatment: Day Reporting; Non-Treatment: C ing Fee Scale; Plains Center for Behavioral Ithcare Inc | PO Box 22746 Lincoln NB 68542 | ling Group Sessions-Mental Health |
|---|---|---|--|
| Mental Health Services: Pre-T Juvenile Services: Non-Outpa Pre-T Other Services: Slidin Jones, James Com Substance Abuse Services: Outpa Juvenile Services: Non- Other Services: Slidin Keezer, Chad Mid-Heal Substance Abuse Services: Outpa Juvenile Services: Outpa Juvenile Services: Outpa Substance Abuse Services: Outpa Juvenile Services: Outpa Substance Abuse Services: Outpa | Treatment: Anger Management Class; Outpa atient Therapy including Family Sessions-Me Freatment Assessment (Medicaid); Assessme ing Fee Scale; imunity Justice Center atient Therapy Treatment: Day Reporting; Non-Treatment: C ing Fee Scale; Plains Center for Behavioral Ithcare Inc | atient Therapy - Individual-Mental Health; Outpatient Therapy incluce ental Health; Outpatient Therapy - Eating Disorder; Day Treatment I ent: Mental Status Exam (MSE) PO Box 22746 Lincoln NB 68542 General Education Class | ing Group Sessions-Mental Health Day Treatment-Mental Health; Asse (402)429-1050 |
| Juvenile Services: Non-Outpa Pre-T Other Services: Slidin Substance Abuse Services: Outpa Juvenile Services: Non- Other Services: Slidin Keezer, Chad Mid-I Heal Substance Abuse Services: Outpa Juvenile Services: Outpa Juvenile Services: Outpa Substance Abuse Services: Outpa Juvenile Services: Outpa Substance Abuse Services: Outpa | Treatment: Anger Management Class; Outpa atient Therapy including Family Sessions-Me Freatment Assessment (Medicaid); Assessme ing Fee Scale; imunity Justice Center atient Therapy Treatment: Day Reporting; Non-Treatment: C ing Fee Scale; Plains Center for Behavioral Ithcare Inc | atient Therapy - Individual-Mental Health; Outpatient Therapy incluce ental Health; Outpatient Therapy - Eating Disorder; Day Treatment I ent: Mental Status Exam (MSE) PO Box 22746 Lincoln NB 68542 General Education Class | ing Group Sessions-Mental Health Day Treatment-Mental Health; Asse (402)429-1050 |
| Outpa Pre-T Other Services: Slidin Jones, James Com Substance Abuse Services: Mental Health Services: Mental Health Services: Non- Other Services: Slidin Keezer, Chad Mid-l Substance Abuse Services: Mental Health Services: Mental Health Services: Outpa Juvenile Services: Outpa Juvenile Services: Outpa Juvenile Services: Outpa Juvenile Services: Outpa Substance Abuse Services: Outpa Starman, Beverly Beha Substance Abuse Services: Adult Group Co-O | atient Therapy including Family Sessions-Me Freatment Assessment (Medicaid); Assessme ng Fee Scale; atient Therapy Treatment: Day Reporting; Non-Treatment: C ng Fee Scale; Plains Center for Behavioral Ithcare Inc | ental Health; Outpatient Therapy - Eating Disorder; Day Treatment I ent: Mental Status Exam (MSE) PO Box 22746 Lincoln NB 68542 General Education Class | Day Treatment-Mental Health; Asse |
| Other Services: Slidin Jones, James Com Substance Abuse Services: Mental Health Services: Outpa Juvenile Services: Non- Other Services: Slidin Keezer, Chad Mid-Heal Substance Abuse Services: Outpa Juvenile Services: Outpa Juvenile Services: Outpa Substance Abuse Services: Other Services: Starman, Beverly Beha Substance Abuse Services: Adult Group Co-O | ng Fee Scale; imunity Justice Center atient Therapy Treatment: Day Reporting; Non-Treatment: C ng Fee Scale; Plains Center for Behavioral thcare Inc | PO Box 22746 Lincoln NB 68542 General Education Class | |
| Substance Abuse Services: Mental Health Services: Outpa Juvenile Services: Non- Other Services: Slidin Keezer, Chad Mid-I Heal Substance Abuse Services: Mental Health Services: Outpa Juvenile Services: Other Services: Starman, Beverly Beha Sere Substance Abuse Services: Adult Group Co-O | atient Therapy Treatment: Day Reporting; Non-Treatment: G ng Fee Scale; Plains Center for Behavioral Ithcare Inc | General Education Class | |
| Mental Health Services: Outpa Juvenile Services: Non- Other Services: Slidin Keezer, Chad Mid-I Heal Substance Abuse Services: Outpa Juvenile Services: Outpa Juvenile Services: Other Services: Starman, Beverly Beha Sere Substance Abuse Services: Adult Group Co-O | Treatment: Day Reporting; Non-Treatment: Ong Fee Scale; Plains Center for Behavioral Ithcare Inc | | (308)385-5250 |
| Juvenile Services: Non- Other Services: Slidin Keezer, Chad Mid-l Heal Substance Abuse Services: Mental Health Services: Outpa Juvenile Services: Other Services: Starman, Beverly Beha Sere Substance Abuse Services: Adult Grou Co-O | Treatment: Day Reporting; Non-Treatment: Ong Fee Scale; Plains Center for Behavioral Ithcare Inc | | (308)385-5250 |
| Other Services: Slidin Keezer, Chad Mid- Heal Substance Abuse Services: Mental Health Services: Outpa Juvenile Services: Other Services: Starman, Beverly Beha Sere Substance Abuse Services: Adult Grou Co-O | ng Fee Scale; Plains Center for Behavioral Ithcare Inc | | (308)385-5250 |
| Keezer, Chad Mid- Heal Substance Abuse Services: Mental Health Services: Outpa Juvenile Services: Other Services: Starman, Beverly Beha Sere Substance Abuse Services: Adult Grou Co-O | Plains Center for Behavioral Ithcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 |
| Heal Substance Abuse Services: Mental Health Services: Uvenile Services: Other Services: Starman, Beverly Substance Abuse Services: Adult Grou Co-O | thcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 |
| Mental Health Services: Outpa Juvenile Services: Other Services: Starman, Beverly Substance Abuse Services: Adult Group Co-O | atient Therapy | | |
| Juvenile Services: Other Services: Starman, Beverly Substance Abuse Services: Adult Group Co-O | atient Therapy | | |
| Other Services: Starman, Beverly Beha Sere Substance Abuse Services: Adult Grou Co-O | | | |
| Starman, Beverly Beha Sere Substance Abuse Services: Adult Grou Co-O | | | |
| Substance Abuse Services: Adult Group Co-O | | | |
| Grou Co-O | avioral Health Specialist/Seekers of enity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 |
| Juver Servi | ps; Adult Non-Residential Services Outpatier Occurring Treatment; Adult Non-Residential S Residential Services Intervention/Education; nile Non-Residential Services Outpatient - Ind ices Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Serv Juvenile Non-Residential Services Outpatient - Groups; Juvenile N dividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | Adult Non-Residential Services Out ices Substance Abuse Evaluations on-Residential Services Outpatient |
| | Treatment Assessment (bio-psychosocial); O | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatie ; Assessment: Pre-Treatment Assessment (Medicaid) | ent Therapy including Family Sessi |
| Other Services: Slidin | ng Fee Scale; | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 (308)832-4 |
| Indivi Resid | | aluations; Adult Non-Residential Services Outpatient - Groups; Adu ve Outpatient Treatment; Juvenile Assessment Services Substance | Abuse Evaluations; Juvenile Non- |
| Mental Health Services: Pre-T Juvenile Services: Outpa | | | Evaluation: Outpatient Therapy |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Therapy-Youth Who Sexually Harm; Assessment | outh Who Sexually Harm; Outpatient Therapy - Co-oc t: Pre-Treatment Assessment (Medicaid); Assessmen Harm Risk Assessment; Assessment: Co-Occurring | | |
| Stuehm, Nadine | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)865-8738 | |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Care Monitoring SA/M Family; Juvenile Non-Residential Services Outpat Juvenile Pre-Treatment Assessment (PTA); Pre- | aluations; Adult Non-Residential Services Interventio int - Family; Adult Non-Residential Services Outpatier services Substance Abuse Evaluations; Juvenile Non- H; Juvenile Non-Residential Services Outpatient - Gro tient - Individual Treatment Assessment (bio-psychosocial); Co-Occur utpatient Therapy including Family Sessions-Mental H | nt - Individual; Adult Non-Residential S Residential Services Intervention/Educ oups; Juvenile Non-Residential Service ring; Outpatient Therapy | ervices Outpatier cation; Juvenile |
| Other Services: | | upatient merapy including raining Jessions-Wentan | Icalui | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|---|
| Antons, Justin | Directions Counseling Center PC | 110 S 6th Suite 221 Beatrice NB 68310 | (402)239-7844 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Int - Family; Adult Non-Residential Services Outpatient - Individual ervices Substance Abuse Evaluations; Juvenile Non-Residential S Juvenile Non-Residential Services Outpatient - Co-Occurring Treat | ; Adult Non-Residential Services Intervention/Edu | Services Outpatient |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Betka, Cindy | FGH Inc | 942 N 13th St. Geneva NB 68361 | (402)879-5959 | (402)759-3803 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individual | | ervices Outpatient |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy - Individuent Therapy including Family Sessions-Mental Health; Outpatient | | |
| Other Services: | Sliding Fee Scale; | nent Assessment (Medicaid); Assessment: Co-Occurring | | |
| Borrenpohl, Jennifer | Willow Psychotherapy | 2120 S 56th Street Suite 206 Lincoln NB 68506 | (402)335-7752 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Carlson, Scott | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)658-3737 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Denney, Rachel | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)730-6802 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | aluations; Adult Non-Residential Services Intervention/Education; Int - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Juvenile Assessment Ser ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Individual; Juvenile Non-Residential Services Outpatient - Co-Occur | ; Adult Non-Residential rvices Substance Abuse Non-Residential Service | Services Outpatient Evaluations; Juven |

| Name | Agency | Address | Phone | Fax |
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| | Outpatient Therapy - Individual-Mental Health; Ou Sliding Fee Scale; | utpatient Therapy including Family Sessions-Mental Health; Outpa | tient Therapy - Co-occ | urring |
| Dirks, Tamara | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)461-4960 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; es Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential | - Family; Adult Non-Re | esidential Services |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Eberle, Jeremy | Choices Treatment Center | 127 S 37th St Suite B Lincoln NB 68510 | (402)476-2300 | (402)476-2337 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | Dutpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Eberle, Jeremy | Eberle Therapy Services PC | 630 N Cotner Blvd Suite 103 Lincoln NB 68505 | (402)440-5094 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adu | ult Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | | | | |
| Juvenile Services: | | | | |
| Juvenile Services: Other Services: | | | | |
| | | 7410 South 33 Street Lincoln NB 68516 | (402)975-2289 | (402)975-2287 |
| Other Services: Fry, Jennifer 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 iervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non- iervices Outpatient - Family; Juvenile Non- iervices Outpatient - Family; Juvenile Non- No-Occurring Treatment | Adult Non-Residential Adult Non-Residential ervices Intervention/Ec | Services Outpatient - Services Outpatient ducation; Juvenile |

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| Name | Agency | Address | Phone | Fax |
| Hardy, Brian | Nebraska Mental Health Centers | 2951 N Clarkson St Fremont NB 68025 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Psychological Evaluation; Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Assessn | nent: Psychological E | valuation |
| Other Services: | | | | |
| Harmes, Eric | Wellspring Behavioral Health | 1600 S. 70th Street Suite 200 Lincoln NB 68506 | (402)318-3787 | (402)939-0437 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Herdman, John | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)489-9792 | (402)489-9793 |
| | Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Juvenile Pre-Treatment Assessment (PTA); Pre- | ervices Substance Abuse Evaluations; Juvenile Non-Residential Se uvenile Non-Residential Services Outpatient - Family; Juvenile Non-I co-Occurring Treatment Treatment Assessment (bio-psychosocial); Co-Occurring; Psycholog utpatient Therapy including Group Sessions-Mental Health; Outpatie | Residential Services | Outpatient - Individua atient Therapy |
| Other Services: | | g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment | | |
| Hernandez, Sara | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; On Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatie | ent Therapy including | Family Sessions- |
| Other Services: | | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologic | al Evaluation; Asses | sment: Juvenile Who |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Holt, Jennifer | Adultspan Counseling | 1001 S. 70th St suite 225 Lincoln NB 68510 | (402)325-0117 | |
| Substance Abuse Services: | | | | |
| Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | Jutpatient Therapy | | |
| Other Services: | | | | |
| Johnson, Jill | Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)261-6667 | (402)261-6526 |
| | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenil Intervention/Education; Juvenile Non-Residential | valuations; Adult Non-Residential Services Outpatient - Groups; A nt - Individual; Adult Non-Residential Services Outpatient - Co-Oc le Assessment Services Substance Abuse Evaluations; Juvenile I Services Outpatient - Groups; Juvenile Non-Residential Services esidential Services Outpatient - Co-Occurring Treatment; Juvenile Co-Occurring: Outpatient Therapy | curring Treatment; Adul Non-Residential Services Outpatient - Family; Ju | t Non-Residential s venile Non-Residentia |
| | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outp g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Hea ent Assessment (Medicaid); Assessment: Mental Status Exam (M | Ith; Intensive Outpatient | Intensive Outpatient |
| Other Services: | Sliding Fee Scale; | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Outpatien | t Therapy | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Disc Outpatient Therapy-Youth Who Sexually Harm; I | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outp ental Health; Outpatient Therapy including Family Sessions-Ment order; Intensive Outpatient: Intensive Outpatient Therapy-Mental H ntensive Outpatient: Intensive Outpatient- Eating Disorder; Asses sment: Juvenile Who Sexually Harm Risk Assessment | al Health; Outpatient The lealth; Intensive Outpati | erapy - Youth Who ent: Intensive |
| Other Services: | | | | |
| Lafferty, Melissa | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy Outpatient Therapy - Individual-Mental Health; O | | | |
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| Name | Agency | Address | Phone | Fax |
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| Logsden, Lisa | Nebraska Mental Health Centers | 2951 N Clarkson St Fremont NB 68025 | (402)483-6990 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Groups nt - Individual; Adult Non-Residential Services Outpatient - Co- Non-Residential Services Outpatient - Groups; Juvenile Non-F ; Juvenile Non-Residential Services Outpatient - Co-Occurring | Occurring Treatment; Juve Residential Services Outpa | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Adults who Sexually Harm Evaluation; Psycholog | gical Evaluation; Outpatient | t Therapy |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Ou Sexually Harm; Assessment: Pre-Treatment Assessment (Med rent: Juvenile Who Sexually Harm Risk Assessment; Assessm | licaid); Assessment: Menta | |
| Other Services: | Assessment. Psychological Evaluation, Assessm | ient. Juvenne vino Sexually nami Risk Assessment, Assessme | ent. Co-Occurring | |
| 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/Educati ent - Family; Adult Non-Residential Services Outpatient - Indivic Services Intensive Outpatient Treatment; Juvenile Assessment ; Juvenile Non-Residential Services Outpatient - Groups; Juver ndividual; Juvenile Non-Residential Services Outpatient - Co-O Co-Occurring; Outpatient Therapy | lual; Adult Non-Residential Services Substance Abus nile Non-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Ou | Itpatient Therapy including | Family Sessions- |
| Meints, Kristi | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68526 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health | utpatient Therapy including Group Sessions-Mental Health; Ou | Itpatient Therapy including | Family Sessions- |
| Other Services: | | | | |
| Middagh, Todd | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | Juvenile Assessment Services Substance Abuse | e Evaluations | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Adults who Sexually Harm Evaluation; Outpatien | t Therapy | |
| Juvenile Services: | | Outpatient Therapy - Individual-Mental Health; Outpatient Thera Assessment: Pre-Treatment Assessment (Medicaid); Assessm | | |
| Other Services: | | | | |

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|------------------------|--|
| Miller, Shannon | Lincoln Medical Education Partnership | 4600 Valley Road Lincoln NB 68510 | (402)327-6822 | (402)483-4594 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| 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 | valuations; Juvenile Assessment Services Substance Abuse Evaluati | ons | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatie | ent Therapy including | Family Sessions- |
| Other Services: | | | | |
| Munet Ginorio, Alexandra | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)482-7045 |
| Substance Abuse Services: | | | | |
| | | Co-Occurring; Psychological Evaluation; Outpatient Therapy | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid) nent: Juvenile Who Sexually Harm Risk Assessment; Assessment: C | ; Assessment: Menta | Family Sessions- I Status Exam (MSE |
| Other Services: | Bilingual Services; | · · · · | 0 | |
| Neise, Michael | Paradigm, Inc. | 809 South 174th Street Omaha NB 68118 | (402)991-8093 | (402)505-9726 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | Dutpatient Therapy - Individual-Mental Health; Outpatient Therapy inc lental Health: Intensive Outpatient: Intensive Outpatient Therapy-Mer | | ns-Mental Health; |
| Other Services: | | | | |
| Newring, Kirk | Forensic Behavioral Health | 1410 East Gold Coast Rd Ste 800 Papillion NB 68046 | (402)557-6027 | (402)557-6027 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Youth Who Sexually Harm Evaluation () | YWSH); Adults who Sexually Harm Evaluation; Psychological Evalua | tion; Outpatient Ther | ару |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica Who Sexually Harm Risk Assessment | aid); Assessment: Mental Status Exam (MSE); Assessment: Psycho | logical Evaluation; As | sessment: Juvenile |
| Other Services | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--------------------------|------------------|
| Olesen, Don | | 62131 Rd. 727 Tecumseh NB 68450 | (402)921-0404 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Ollila, Ashleigh | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68526 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial |); Outpatient Therapy | | |
| Juvenile Services: | | ; Outpatient Therapy including Group Sessions-Mental Health; Outpa ssessment (Medicaid); Assessment: Outpatient Psychiatric Evaluatio | | |
| Other Services: | | | | |
| Paine, Mary | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial |); Adults who Sexually Harm Evaluation; Psychological Evaluation; E | PC Crisis Center; Outp | atient Therapy |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Peterson, Kira | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health Mental Health | ; Outpatient Therapy including Group Sessions-Mental Health; Outpatient | atient Therapy including | Family Sessions- |
| Other Services: | Mental Fleatth | | | |
| Price-Wells, Cherisa | ResCare Workforce Services | 3720 N 27th St Ste 6 Lincoln NB 68521 | (402)458-4925 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Smith, Morgan | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (308)390-9347 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy inc ental Health; Outpatient Therapy - Eating Disorder | luding Group Sessio | ns-Mental Health; |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Education; Ac ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non individual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abus on-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| | Pre-Treatment Assessment (bio-psychosocial); C | , | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Trauernicht, Joellyn | Blue Valley Behavioral Health | 1123 N 9th St Beatrice NB 68310 | (402)228-3386 | (402)228-2004 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; Ac nt - Individual; Adult Non-Residential Services Intensive Outpatient T | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Volnek, Ashley | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-8748 | (402)475-6728 |
| Substance Abuse Services: | Adult Residential Services Dual Residential (MH/ | (SA) | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Wilcoxen, Colette | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68526 | (402)483-6999 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; On Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatien | nt Therapy including | Family Sessions- |
| Other Services: | | | | |

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

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

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

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

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|---|
| Connor, Shawnda | Christine Karell PC LLO | 815 Flack Ave Alliance NB 69301 | (308)762-2723 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential Services | aluations; Adult Non-Residential Services Intervention/Educa es Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Resid ducation; Juvenile Non-Residential Services Care Monitoring ervices Outpatient - Family; Juvenile Non-Residential Service uvenile Non-Residential Services Intensive Outpatient Treatm | atient - Family; Adult Non-Resid ential Services Intensive Outpa SA/MH; Juvenile Non-Resider s Outpatient - Individual; Juven | lential Services tient Treatment; tial Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| | Mental Health; Outpatient Therapy - Co-occurring Therapy-Co-occurring; Assessment: Co-Occurrin | utpatient Therapy including Group Sessions-Mental Health; C g; Intensive Outpatient: Intensive Outpatient Therapy-Mental I g | | |
| Other Services: | Sliding Fee Scale; | | | |
| Crouch, Samuel | Valley Youth Connections | 29 S Beltline HWY W Scottsbluff NB 69361 | (308)225-0500 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | Outpatient Therapy - Individual-Mental Health; Outpatient Ther ental Health; Intensive Outpatient: Intensive Outpatient Thera | | |
| Other Services: | Sliding Fee Scale; | | | |
| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Adults who Sexually Harm Evaluation; Outpatie | nt Therapy | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Pre-Treatment Assessment (Medicaid); Assessm | atient Therapy - Individual-Mental Health; Outpatient Therapy ental Health; Outpatient Therapy - Eating Disorder; Day Treat pent: Mental Status Exam (MSE) | / including Group Sessions-Me tment Day Treatment-Mental H | ntal Health; ealth; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Mental Health Services: | Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |

| Meyer, Jacquelyn Building Blocks 101 East Wilson Norfolk NB 68701 Substance Abuse Services: Mental Health Services: Pre-Treatment Assessment (bio-psychosocial) Juvenile Services: Out-Of-Home: Foster Care (Agency Supported); Out-Of-Home: Respite Care: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy Mental Health; Outpatient Therapy - Mental Statuse Exam (MSE); Out-Of-Home: Foster Context Residential Services Outpatient - Individual; Adu Co-Occurring Teatment; Juvenile Assessment Services Substance Abuse Evaluation; Juvenile Mental Health; Outpatient I Services: Usersite Substance Abuse Evaluation; CiO; Pre-Treatment Assessment (Dr J); Juvenile Co-Occurring Treatment: General Education Class; Outpatient Therapy Including Group Sessions-Mental Health; Outpatient Therapy Mental Health; Outpatient Therapy Mental Health; Outpatient Therapy Mental Health; Outpatient Therapy Including Group Sessions-Mental Health; Outpatie | Phone | Fax |
|--|---|---|
| Mental Health Services: Pre-Treatment Assessment (bio-psychosocial) Juvenile Services: Out-Of-Home: Foster Care (Agency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental H Group Sessions-Mental Health; Outpatient Therapy-Mental Health; Outpatient Therapy - Endotypatient Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster Care (Agency Supported); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster Care (Agency Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Adult Assessment: Juvenile Assessment: Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment: Go-Occurring Treatment: Family Support Worker; Non-Treatment: Supervised Visitation; Non-Treatment: Turoring; Non-Treatment: Family Support Worker; Non-Treatment: Carera (Medicaid) (MSE); Assessment (Medicaid) Juvenile Services: Non-Treatment: Family Support Worker; Non-Treatment: Supervised Visitation; Non-Treatment: Turoring; Non-Treatment: General Education Class; Outpatient Toutpatient Therapy - Mental Health; Non-Residential Services Outpatient Therapy - Mental Health; Non-Residential Services Substance Abuse Services: Sliding Fee Scale; Starman, Beverly Behavioral Health Specialist/Seekers of 4432 Sunrise Place Columbus NB 68601 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluation; Juvenile Non-Residential Services Outpatient - Individual; Accore Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Individual; Accore Occurring Teatm | (402)336-4841 | 1 (402)336-4640 |
| Juvenile Services: Out-Of-Home: Foster Care (Agency Supported); Out-Of-Home: Respite Care; Outpatient Therapy - Ear Group Sessions-Menital Health; Outpatient Therapy including Family Sessions-Menital Health; Outpatient Therapy - Ear accurring: Intensive Outpatient: Intensive Outpatient - Individual; Adu Co-Occurring Treatment: Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (Dio- Therapy Juvenile Services: Non-Treatment: Family Support Worker; Non-Treatment: Supervised Visitation; Non-Treatment: Turoing; Non-Treatment: Evening Reporting; Non-Treatment: Family Support Worker; Non-Treatment: Supervised Visitation; Non-Treatment: Evening Reporting; Non-Treatment: Case; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy | | |
| Group Sessions-Mental Health; Outpatient Therapy Including Family Sessions-Mental Health; Outpatient Therapy - Mental Health; Intensive Outpatient Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster C Other Services: Raney, Sandra Open Door 1870 9th St Gering NB 69341 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Adu Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Juvenile Pre-Treatment Co-Occurring Treatment Mental Health Services: Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Treatment: Turoting; Non-Treatment: Supervised Visitation; Non-Treatment: Turoting; Non-Treatment: Evening Reporting: Non-Treatment: Family Support Worker; Non-Treatment: Supervised Visitation; Non-Treatment: Termary Juvenile Services: Non-Treatment: Family Support Worker; Non-Treatment: Gueprised Visitation; Non-Treatment: Evening Reporting: Non-Treatment: Outpatient Therapy -Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Courpatient Therapy including Family Sessions-Mental Health; Courpatient Treatment Assessment (Medicaid) (MSE); Assessment: Co-Occurring Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N | | |
| Raney, Sandra Open Door 1870 9th St Gering NB 69341 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Adu Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services: Residential Services: Non-Treatment: Assessment (PTA); Juvenile Co-Occurring Teatuation (C/O); Pre-Treatment Assessment (bio- Therapy Juvenile Services: Non-Treatment: Family Support Worker; Non-Treatment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatment: Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Sasessment: Pre-Treatment Assessment (Medicaid) (MSE); Assessment: Co-Occurring Other Services: Stiding Fee Scale; Starman, Beverly Behavioral Health Specialist/Seekers of Serenity 4432 Sunrise Place Columbus NB 68601 Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient Teatment; Juvenile Assessment Services Nubstance Abuse Evaluation; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient Treatment; Juvenile Services Nubratient Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient Treatment; Juvenile Assessment (Medicaid) Substance Abuse Services: | - Eating Disorder; Outp tient Therapy-Youth W | utpatient Therapy - Co- Who Sexually Harm; |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Adu Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Serv Residential Services: Mental Health Services: Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (Dio- Therapy Juvenile Services: Jono-Treatment: Family Support Worker; Non-Treatment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatment Evening Reporting; Non-Treatment: Anger Management Class; Non-Treatment: General Education Class; Outpatient Dutpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental He Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid) (MSE); Assessment: Co-Occurring Starman, Beverly Behavioral Health Specialist/Seekers of Adult Non-Residential Services Outpatient - Individual; Adu Groups; Adult Non-Residential Services Outpatient - Earnily; Adult Non-Residential Services Outpatient - Individual; Adu Groups; Adult Non-Residential Services Outpatient Teatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Substance Abuse Services: Mental Health Services Outpatient Treatment: Juvenile Non-Residential Services Outpatient - Co-Occurring Substance Abuse Services: Mental Health Services: Adult Assessment Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-Occurring Substance Abuse Services: Mental Health Services: Pre-Treatment A | | |
| Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Serv Residential Services Outpatient - Co-Occurring Treatment Mental Health Services: Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- Therapy Juvenile Services: Non-Treatment: Family Support Worker; Non-Treatment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatment Evening Reporting; Non-Treatment: Anger Management Class; Non-Treatment: General Education Class; Outpatient Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health Intensive Outpatient: Intensive Outpatient: Therapy-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid) (MSE); Assessment: Co-Occurring Other Services: Sliding Fee Scale; Starman, Beverly Behavioral Health Specialist/Seekers of 4432 Sunrise Place Columbus NB 68601 Serenity Substance Abuse Services: Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Individual; Adu Groups; Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Individual; Adu Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient - Groups; Juvenile Nor- Juvenile Non-Residential Services Outpatient - Co-Occurring Services Intensive Outpatient Therapy - Individual Idual: Juvenile Non-Residential Services Outpatient - Co-Occurring Services Intensive Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid) Other Services: Sliding Fee Scale; Stermensky, Dr. Gage 1811 Avenue A Scottsbluff NB 69361 Substance Abuse Services: Adult Non-Residential Services Outpatient - Groups; Adult Individual; Adult Non-Residential Services Outpatient - Individu | (308)225-4335 | 5 (308)633-2020 |
| Mental Health Services: Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-Therapy Juvenile Services: Non-Treatment: Family Support Worker; Non-Treatment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatment: Anger Management Class; Non-Treatment: General Education Class; Outpatient 1 Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Coupatient: Intensive Outpatient: Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid) (MSE); Assessment: Co-Occurring Starman, Beverly Behavioral Health Specialist/Seekers of Serenity 4432 Sunrise Place Columbus NB 68601 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adu Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Ac Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Services Intensive Outpatient Treatment Mental Health Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy Juvenile Non-Residential Services Outpatient Therapy Outpatient Therapy - Individual-Mental Health; | | |
| Evening Reporting; Non-Treatment: Angement Class; Non-Treatment: General Education Class; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental He Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid) (MSE); Assessment: Co-Occurring Other Services: Sliding Fee Scale; Starman, Beverly Behavioral Health Specialist/Seekers of Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adu Groups; Adult Non-Residential Services Intervention/Education; Adu Groups; Adult Non-Residential Services Intervention/Education; Adu Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Services Intensive Outpatient Treatment; Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Outpatient Therapy Juvenile Services: Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid) Other Services: Sliding Fee Scale; Stermensky, Dr. Gage 1811 Avenue A Scottsbluff NB 69361 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Gro | bio-psychosocial); Co- | o-Occurring; Outpatient |
| Other Services: Sliding Fee Scale; Starman, Beverly Behavioral Health Specialist/Seekers of Sernity 4432 Sunrise Place Columbus NB 68601 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adu Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adu Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurring Services Intervent Outpatient Therapy Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Outpatient Therapy Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid) Other Services: Sliding Fee Scale; Stermensky, Dr. Gage 1811 Avenue A Scottsbluff NB 69361 Substance Abuse Services: Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Substance Abuse Evaluations; Adult Non-Residential Services Substance Abuse Evaluations; Adult Non-Residential Services Substance Abuse Evaluat | ent Therapy - Individua al Health; Outpatient Tl | ual-Mental Health; Therapy - Co-occurring; |
| Serenity Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adul Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Services Intensive Outpatient Treatment Mental Health Services: Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Outpatient Therapy Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy Juvenile Services: Stermensky, Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid) Other Services: Stermensky, Dr. Gage 1811 Avenue A Scottsbluff NB 69361 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Agult Non-Residential Services Substance Abuse Evaluations; Adult Non-Residential Services Substance Abuse Services Substance Abuse Services Substance Abuse Services Outpatient - Individual | | |
| Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor- Services Intensive Outpatient TreatmentMental Health Services:Pre-Treatment Assessment (bio-psychosocial); Outpatient Therapy Juvenile Services:Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid) Other Services:Stiding Fee Scale;Stermensky, Dr. Gage1811 Avenue A Scottsbluff NB 69361Substance Abuse Services:Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult I Individual; Adult Non-Residential Services Intensive Outpatient - Groups; Juvenile Assessment Services Substance Abuse Evaluations; Adult Services Outpatient - Groups; Adult I Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult I Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual | (402)370-3140 |) |
| Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid) Other Services: Sliding Fee Scale; Stermensky, Dr. Gage 1811 Avenue A Scottsbluff NB 69361 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Residential Services Outpatient - Individual | I; Adult Non-Residentia ervices Substance Abu Non-Residential Servi | tial Services Outpatient use Evaluations; Juvenil vices Outpatient - Family |
| Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid) Other Services: Sliding Fee Scale; Stermensky, Dr. Gage 1811 Avenue A Scottsbluff NB 69361 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual | | |
| Stermensky, Dr. Gage 1811 Avenue A Scottsbluff NB 69361 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance A Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual | atient Therapy including | ng Family Sessions- |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance A Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual | | |
| Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance A Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual | (417)413-0085 | 5 (308)832-4844 |
| Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Ev | nce Abuse Evaluations | s; Juvenile Non- |
| Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatien | <i>i</i> 1 | |

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

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

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|--|--|---|--|---|
| Boyce, Shelley | Shelley K Boyce, LIMHP, CPC | 314 S 14th St Suite 101 Ord NB 68862 | (308)728-9979 | (308)728-9980 |
| Substance Abuse Services: | | | | . , |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; (| Outpatient Therapy - Eating I | Disorder |
| 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 |
| | | | | |
| Juvenile Services: Other Services: | | 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-Resident | valuations; Adult Non-Residential Services Intervention/Educa ent - Family; Adult Non-Residential Services Outpatient - Indiv ial Services Intervention/Education; Juvenile Non-Residential e Non-Residential Services Outpatient - Individual; Juvenile N | vidual; Adult Non-Residential Services 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; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Psychological Evaluation | on | |
| Juvenile Services: | | Assessment: Mental Status Exam (MSE); Assessment: Psyc | chological Evaluation; Assess | ment: Juvenile Who |
| Other Services: | Sexually Harm Risk Assessment | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: Mental Health Services: | Outpatient Therapy | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|--|
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpat | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental apy including Family Sessions-Mental Health; Outpatient Therapy - E- ient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatier aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ating Disorder; Outpa nt Therapy-Youth Wh | atient Therapy - Co- no Sexually Harm; |
| Other Services: | | | | |
| Schulenberg, Amber | Midwest Country Clinic | Box 26 202 East HWY 20 Bassett NB 68714 | (402)380-9249 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - Ir | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non individual; Juvenile Non-Residential Services Outpatient - Co-Occurrir | dult Non-Residentia ces Substance Abus on-Residential Servic | Services Outpatient e Evaluations; Juven es Outpatient - Famil |
| Mental Health Services: | Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O | Dutpatient Therapy hutpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- |

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

| Name | Agency | Address | Phone | Fax |
|---------------------|-------------------------------------|--|---------------|-----|
| Williamson, Michael | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | |
| | | aluations; Adult Non-Residential Services Intervention/Education; Ac nt - Family; Adult Non-Residential Services Outpatient - Individual; A co-Occurring; Outpatient Therapy | | |
| | | atient Therapy - Individual-Mental Health; Outpatient Therapy includi ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera Co-Occurring | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Adults who Sexually Harm Evaluation; Outpatient Thera | ару | |
| | Outpatient Therapy including Family Sessions-Me Pre-Treatment Assessment (Medicaid); Assessm | atient Therapy - Individual-Mental Health; Outpatient Therapy includi ental Health; Outpatient Therapy - Eating Disorder; Day Treatment D ent: Mental Status Exam (MSE) | | |
| Other Services: | Sliding Fee Scale; | | | |
| Harvey, Deborah | Harvey Counseling | 101 W 8th St Suite A Lexington NB 68550 | (308)324-7017 | (866)578-3559 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | utpatient Therapy | | |
| | Outpatient Therapy - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (M | ıtpatient Therapy including Family Sessions-Mental Health; Assessrr SE) | nent: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: 0 | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrir utpatient Therapy | dult Non-Residential ces Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | tpatient Therapy including Group Sessions-Mental Health; Outpatien; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- |
| | Sliding Fee Scale; | ······································ | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ve Outpatient Treatment; Juvenile Assessment Services Substance e Non-Residential Services Outpatient - Individual o-Occurring; Adults who Sexually Harm Evaluation; Psychological E | Abuse Evaluations; | luvenile Non- |
| | | | | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Therapy-Youth Who Sexually Harm; Assessmen | outh Who Sexually Harm; Outpatient Therapy - Co-occurrin t: Pre-Treatment Assessment (Medicaid); Assessment: Mer Harm Risk Assessment; Assessment: Co-Occurring | | |
| Stuehm, Nadine | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)865-8738 | |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Care Monitoring SA/M Family; Juvenile Non-Residential Services Outpat Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Co-Occurring; C | dividual; Adult Non-Residential So lential Services Intervention/Educ Juvenile Non-Residential Service Dutpatient Therapy | ervices Outpatier cation; Juvenile |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health | l | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax | | |
|---------------------------|---|--|--|---------------------------------------|--|--|
| Connor, Shawnda | Christine Karell PC LLO | 815 Flack Ave Alliance NB 69301 | (308)762-2723 | | | |
| Substance Abuse Services: | dult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Care onitoring SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services utpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; wenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services utpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services utpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential ervices Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient - Individual; Juvenile Non-Residential ervices Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment | | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | | | |
| 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 ;; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I g | nt Therapy including Fa ntensive Outpatient: Ir | amily Sessions- tensive Outpatient | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Crouch, Samuel | Valley Youth Connections | 29 S Beltline HWY W Scottsbluff NB 69361 | (308)225-0500 | | | |
| Substance Abuse Services: | | | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid) | | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | | | |
| Substance Abuse Services: | | | | | | |
| Mental Health Services: | Outpatient Therapy | | | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: 0 | General Education Class | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | | | |
| 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; Juvenil 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: | | re-Treatment Assessment (bio-psychosocial); Outpatient Therapy | | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid) | t Therapy including Fa | amily Sessions- | | |
| Other Services: | Sliding Fee Scale; | | | | | |

| Name | Agency | Address | Phone | Fax |
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| Boyce, Shelley | Shelley K Boyce, LIMHP, CPC | 314 S 14th St Suite 101 Ord NB 68862 | (308)728-9979 | (308)728-9980 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Eating I | Disorder |
| Other Services: | Sliding Fee Scale; | | | |
| Brugger, Keri | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)382-5297 | (308)382-5315 |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | | Family Sessions- |
| Other Services: | Mental Health; Outpatient Therapy - Co-occurring | g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | Co-Occurring | |
| Davis-Jackson, Sally | Midwest Country Clinic | Box 26 202 East HWY 20 Bassett NB 68714 | (402)684-2908 | (402)913-3454 |
| | Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T Pre-Treatment Assessment (bio-psychosocial); C | | ult Non-Residential S vices Outpatient - Ind | Services Outpatient - dividual; Juvenile Non |
| | | utpatient Therapy - Co-occurring: Assessment: Co-Occurring | | |
| Other Services: | Outpatient Therapy - Individual-Mental Health, O | upatient merapy - 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 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Non-Residential Residential Services Outpatient - Family; Juvenile Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A al Services Intervention/Education; Juvenile Non-Residential Service e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | dult Non-Residential s Outpatient - Group | Services Outpatient - s; Juvenile Non- |
| | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| | Assessment: Co-Occurring | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Frances, Sonya | Compassionate Healing Counseling Services Inc | 1811 W 2nd St Suite 420 Grand Island NB 68803 | (308)384-4617 | (844)270-3023 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Assessm | ent: Pre-Treatment | Assessment |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | al Evaluation; Asses | sment: Juvenile Who |
| Other Services: | | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Outpatien | t Therapy | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Disc Outpatient Therapy-Youth Who Sexually Harm; I | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental H rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment | ealth; Outpatient Th th; Intensive Outpati | erapy - Youth Who ent: Intensive |
| Other Services: | | | | |
| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services 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; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residentia ces Substance Abus on-Residential Servic | l Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |

| Name | Agency | Address | Phone | Fax | | |
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| INdille | Agency | Address | FIIONE | Γαλ | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring; Outpatient Therapy | | | | |
| Juvenile Services: | Individual-Mental Health; Outpatient Therapy inc Therapy - Co-occurring; Intensive Outpatient: Int | lon-Treatment: Anger Management Class; Non-Treatment: luding Group Sessions-Mental Health; Outpatient Therapy ensive Outpatient Therapy-Mental Health; Intensive Outpat | including Family Sessions-Mer | ntal Health; Outpatie | | |
| Other Services: | Assessment: Pre-Treatment Assessment (Medic | aid); Assessment: Co-Occurring | | | | |
| 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 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/Edu es Outpatient - Groups; Adult Non-Residential Services Ou rvices Outpatient - Co-Occurring Treatment; Adult Non-Res e Evaluations; Juvenile Non-Residential Services Intervention al Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile 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: | • | re-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy | | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health der; Assessment: Pre-Treatment Assessment (Medicaid) | ; Outpatient Therapy including | Family Sessions- | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 | | |
| Substance Abuse Services: | | | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpat | Out-Of-Home: Respite Care; Outpatient Therapy - Individu upy including Family Sessions-Mental Health; Outpatient Th ient Therapy-Mental Health; Intensive Outpatient: Intensive aid); Assessment: Mental Status Exam (MSE); Out-Of-Hon | herapy - Eating Disorder; Outpa Outpatient Therapy-Youth Wh | atient Therapy - Co- to Sexually Harm; | | |
| Other Services: | | | | | | |
| Schulenberg, Amber | Midwest Country Clinic | Box 26 202 East HWY 20 Bassett NB 68714 | (402)380-9249 | | | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------|---|--|--|--|
| Stahlecker, Rebecca | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Advervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Robit Non-Residential Services Outpatient - Family; Juvenile Non-Robit Non-Residential Services Outpatient - Family; Juvenile Non-Robit | dult Non-Residential rices Intervention/Ec esidential Services (| Services Outpatient - lucation; Juvenile |
| | Non-Treatment: Intensive Family Preservation; O Outpatient Therapy - Youth Who Sexually Harm; | utpatient Therapy - Individual-Mental Health; Outpatient Therapy inclu Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occur tus Exam (MSE); Assessment: Juvenile Who Sexually Harm Risk Ass | uding Family Sessio ring; Assessment: P | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Pre-Treatment Assessment (Medicaid) | t Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Stuehm, Nadine | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)865-8738 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Care Monitoring SA/MH Family; Juvenile Non-Residential Services Outpaties | | dult Non-Residential rices Intervention/Ec on-Residential Servi | Services Outpatient - lucation; Juvenile |
| | | Freatment Assessment (bio-psychosocial); Co-Occurring; Outpatient ⁻ utpatient Therapy including Family Sessions-Mental Health | Therapy | |
| Other Services: | oupatient merapy - individual-inental nealth, Ot | | | |

| Name | Agency | Address | Phone | Fax | |
|---------------------|--|--|--|--|--|
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)383-1622 | | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | vidual; Adult Non-Residential Sential Sential Sential Services Intervention/Educ | ervices Outpatient - cation; Juvenile | |
| | | utpatient Therapy including Group Sessions-Mental Health; (| Outpatient Therapy including Fa | amily Sessions- | |
| | Mental Health; Outpatient Therapy - Co-occurring | g; Assessment: Co-Occurring | , ., | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Williamson, Michael | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | valuations; Adult Non-Residential Services Intervention/Educ ent - Family; Adult Non-Residential Services Outpatient - Indi | | | |
| | Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy 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: | | nt Therapy - Co-occurring, Asse | essment. Pre- | |
| Other Services: | Sliding Fee Scale; | ~ | | | |

| Name | Agency | Address | Phone | Fax | |
|---------------------------------------|--|---|--|---|--|
| Alfrey , Kerry | Kerry L Alfrey LLC | 403 Lexington Circle Grand Island NB 68803 | (402)335-7908 | | |
| | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | ring Treatment | rvices Outpatient - | |
| | | Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Outpatient Therapy | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | ttpatient 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; Assessment: Pre-Treatment Assessment (Medicaid); sessment: Mental Status Exam (MSE); Assessment: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring | | | |
| Other Services: | | | | | |
| Arnett Nickolaus, Theresa | SOZO Family Services | 616 13th St Suite 110 Aurora NB 68818 | (402)631-7267 | (402)694-4199 | |
| | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Intervention/Education; Ac nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | Services Outpatient - | |
| | Co-Occurring; Outpatient Therapy | ute of the first Theorem is chardle of Fourier Oceanies of Manufall Handle. Or denotion | | S' | |
| | Outpatient: Intensive Outpatient Therapy-Mental | utpatient Therapy including Family Sessions-Mental Health; Outpatie Health; Assessment: Mental Status Exam (MSE) | nt Therapy - Eating I | Jisorder; Intensive | |
| Other Services: | Sliding Fee Scale; | | | | |
| Arnett Nickolaus, Theresa | Friendship House Inc | 707 W 1st St Grand Island NB 68801 | (402)631-7267 | (402)694-4199 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Residential Servic Residential Services Intervention/Education; Juve | aluations; Adult Non-Residential Services Intervention/Education; Ac nt - Family; Adult Non-Residential Services Outpatient - Individual; A ces Dual Residential (MH/SA); Juvenile Assessment Services Substa enile Non-Residential Services Outpatient - Groups; Juvenile Non-Re idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ance Abuse Evaluatio sidential Services O | Services Outpatient ons; Juvenile Non- | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | atient Therapy - Individual-Mental Health; Outpatient Therapy includi ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera Co-Occurring | | | |
| Other Services: | | | | | |
| Arroyo-Herrera, Adriana | Arroyo-Stoltenberg Counseling | 706 W Koenig St Grand Island NB 68801 | (308)370-3678 | | |
| | 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 Intervention/Education; Adult Non-Residential Services Intensive tratient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile Non- sidential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; venile Non-Residential Services Outpatient - Individual; venile Non-Residential Services Outpatient - Individual; venile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; venile Non-Residential Services Intensive Outpatient Treatment Treatment Assessment (bio-psychosocial); Co-Occurring; Psychological Evaluation | | | | |
| Juvenile Services: Other Services: | Sliding Fee Scale; Bilingual Services; | | | | |

| Name | Agency | Address | Phone | Fax | |
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| Bailey, Nathanial | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (308)384-7896 | | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | | |
| Barrios, Jonathan | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (308)850-5372 | | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | | |
| Betka, Cindy | FGH Inc | 942 N 13th St. Geneva NB 68361 | (402)879-5959 | (402)759-3803 | |
| | | 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 Pro-Trastmont Assessment (his psychosocial): Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati | 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: Co-Occurring | | | |
| Bomberger, Molly | | 5404 Ave I Kearney NB 68847 | (308)293-0954 | (308)233-5216 | |
| | | raluations; Juvenile Assessment Services Substance Abuse Evaluatio co-Occurring; Adults who Sexually Harm Evaluation | ons | | |
| Braimah, Rafiu | Alpha Life Improvement Services | 1905 Harney street, suite 710 Omaha NB 68102 | (402)515-4874 | | |
| | Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Co | Outpatient Therapy ommunity Treatment Aide; Assessment: Pre-Treatment Assessment | (Medicaid) | | |

| Name | Agency | Address | Phone | Fax | | |
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| Brugger, Keri | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)382-5297 | (308)382-5315 | | |
| Substance Abuse Services: | | | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier); Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- | | |
| Other Services: | | | | | | |
| Buller, Daniel | Crossroads Center | 702 W 14th St Hastings NB 68901 | (307)921-8657 | | | |
| Substance Abuse Services: | | | | | | |
| Mental Health Services: | Outpatient Therapy | | | | | |
| Juvenile Services: | | | | | | |
| Other Services: | | | | | | |
| Cammon-Larson, Jennifer | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | (308)385-5271 | | |
| Substance Abuse Services: | | | | | | |
| Mental Health Services: | Outpatient Therapy | | | | | |
| Juvenile Services: | | | | | | |
| Other Services: | | | | | | |
| Carlson, Scott | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)658-3737 | | | |
| Substance Abuse Services: | | | | | | |
| Mental Health Services: | Outpatient Therapy | | | | | |
| Juvenile Services: | | | | | | |
| Other Services: | | | | | | |
| Daily, Sherry | | 2100 4th Ave Kearney NB 68845 | (308)830-3618 | | | |
| 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: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health; Outpatien | nt Therapy - Co-occi | urring; Assessment: | | |
| | Co-Occurring | | | | | |
| Other Services: | | | | | | |

| Name | Agency | Address | Phone | Fax |
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| Denney, Rachel | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)730-6802 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | lult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health; Outpatier | t Therapy - Co-occu | irring |
| Other Services: | Sliding Fee Scale; | | | |
| Desel, Tara | Crisis Center | 2251 N Webb Road Grand Island NB 68803 | (308)382-8250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Eigenberg, Amy | Insight Counseling and Recovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)237-0391 | (308)708-7452 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adu t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Intervention/Education; Juvenile Non-Resid dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | ng Treatment; Juver lential Services Out | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Adults who Sexually Harm Evaluation; Outpatient Thera | ру | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier Pre-Treatment Assessment (Medicaid); Assessment: Mental Status E o-Occurring | | |
| Other Services: | | | | |
| Estevez, Miguel | Friendship House Inc | 707 W 1st St Grand Island NB 68801 | (308)675-3345 | |
| 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 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 - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatier | t Therapy - Co-occu | irring |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |

| Name | Agency | Address | Phone | Fax | |
|---------------------------|--|---|--|--------------------|--|
| Feese, Emily | Friendship House Inc | 707 W 1st St Grand Island NB 68801 | (308)675-3345 | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intervention/Education; Juvenile Non-Re | dult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient amily; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential ervices Intervention/Education; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile No esidential Services Outpatient - Co-Occurring Treatment | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | , | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpati der; Assessment: Pre-Treatment Assessment (Medicaid) | ent Therapy including | Family Sessions- | |
| Other Services: | | | | | |
| Florez, Thomas | Thomas B Florez | 403 Lexington Circle Grand Island NB 68803 | (308)370-1667 | | |
| | Individual; Adult Non-Residential Services Outpai Residential Services Outpatient - Family; Juvenile Treatment | 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 Evaluati esidential Services Out | ons; Juvenile Non- | |
| | | Co-Occurring; Adults who Sexually Harm Evaluation; Outpatient The utpatient Therapy including Family Sessions-Mental Health; Outpat | 17 | rring: Accomment: | |
| Suverille Services. | Pre-Treatment Assessment (Medicaid); Assessm | | ient merapy - Co-occu | innig, Assessment. | |
| Other Services: | Sliding Fee Scale; | J. J | | | |
| Fluhart, Sarah | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | | |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Outpatient Therapy | | | | |
| Juvenile Services: | | | | | |
| Other Services: | | | | | |
| Frances, Sonya | Compassionate Healing Counseling Services Inc | 1811 W 2nd St Suite 420 Grand Island NB 68803 | (308)384-4617 | (844)270-3023 | |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | | |
| 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; | | | | |

| Name | Agency | Address | Phone | Fax | |
|---------------------------|--|--|--|---|--|
| Franssen, Tracee | Friendship House Inc | 707 W 1st St Grand Island NB 68801 | (308)675-3345 | (308)675-3342 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Intervention/Education; Adu at - Individual; Adult Non-Residential Services Outpatient - Co-Occurri esidential Services Outpatient - Family; Juvenile Non-Residential Services reatment | ng Treatment; Juver | nile Non-Residential | |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | | |
| | 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; | | | | |
| Fry, Jennifer | | 7410 South 33 Street Lincoln NB 68516 | (402)975-2289 | (402)975-2287 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | lult Non-Residential ices Intervention/Ed | Services Outpatient - lucation; Juvenile | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Outpatient Therapy including Family Sessions-Me | Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy 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; Outpatier Therapy - Co-occurring; Assessment: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | | |
| Substance Abuse Services: | | | | | |
| | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | I Evaluation; Assess | ment: Juvenile Who | |
| Other Services: | | | | | |
| Hoyt, David | Dave Hoyt Counseling LLC | 1917 West Faidley Ave Grand Island NB 68803 | (308)627-7061 | | |
| | Individual; Adult Non-Residential Services Outpat Residential 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 | ions; Juvenile Non- | |
| Mental Health Services: | | | _ | | |
| | Outpatient Therapy - Individual-Mental Health; Ou Sliding Fee Scale; | utpatient Therapy including Family Sessions-Mental Health; Outpatier | it Therapy - Co-occu | urring | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|---|
| Hruby, Kristine | | 1811 West 2nd St. suite 450 Grand Island NB 68801 | (308)390-5508 | (308)339-0962 |
| | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Outpatient - Groups; 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; Juve ntial Services Outpa | nile Assessment tient - Family; Juveni |
| Mental Health Services: | | | | |
| | Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occi | urring; Assessment: |
| Other Services. | Sliding Fee Scale; | | | |
| Johnson (Aswegan), Betty | | 2210 30th Ave. Kearney NB 68845 | (308)440-8054 | (308)234-6604 |
| | Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Family; Juvenile Non-Resid Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O | | patient - Groups; Juv nt Therapy - Eating I | venile Non-Residentia Disorder; Outpatient |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Kelly, Mike | South Central Behavioral Services | 616 W 5th St Hastings, NB 68901 | (402)326-7329 | |
| Mental Health Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult it - Individual; Adult Non-Residential Services Outpatient - Co-Occurri co-Occurring | | rvices Outpatient - |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|---|
| Kennedy, Jr., William T. | | 2267 N Webb Rd Grand Island NB 68803 | (308)390-6948 | (308)624-2164 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; A | dult Non-Residential | Services Outpatient - |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring; Outpatient Therapy | nt - Family; Adult Non-Residential Services Outpatient - Individual | | |
| Juvenile Services: | co coouning, culpatione morapy | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kissack, Cynthia | Cynthia Kissack Counseling | 2517 S August Grand Island NB 68801 | (308)379-8619 | (308)385-5271 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre-7 | Treatment Assessment (bio-psychosocial); Outpatient Therapy | | |
| Juvenile Services: | | y-Mental Health; Intensive Outpatient: Intensive Outpatient- Eating I Pre-Treatment Assessment (Medicaid); Assessment: Mental Status E | | utpatient: Intensive |
| 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 Outpat | 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 atient - Groups; Juvenile Non-Residential Services Outpatient - Fami Services Outpatient - Co-Occurring Treatment; Juvenile Non-Reside | Adult Non-Residential Dual Residential (MH Non-Residential Sen ly; Juvenile Non-Res | Services Outpatient //SA); Adult vices Care Monitoring idential Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive Out | patient: Intensive Outpatient Therapy-Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adul t - Individual; Adult Non-Residential Services Outpatient - Co-Occur on-Residential Services Partial Care; Adult Residential Services Du Services Short Term Residential | ring Treatment; Adult | Non-Residential |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---|
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Outpatien | t Therapy | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; I | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental H order; Intensive Outpatient: Intensive Outpatient Therapy-Mental Hea ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment | lealth; Outpatient The lth; Intensive Outpati | erapy - Youth Who ent: Intensive |
| Other Services: | | | | |
| Leddy, Kayla | Clearwater Counseling | 7701 Pacific St Ste 100A Omaha NB 68114 | (308)210-8487 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Education; Ac ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Substance Abuse Evaluations; Juvenile Non-Residential Ser uvenile Non-Residential Services Outpatient - Family; Juvenile Non-F co-Occurring Treatment | dult Non-Residential | Services Outpatient - lucation; Juvenile |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; As | ssessment: Mental Status Exam (MSE) | | |
| Other Services: | Sliding Fee Scale; | | | |
| Martin-Sanchez, Ileana | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (308)384-7896 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Maxson, Thomas | Insight Counseling and Recovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)237-0391 | |
| 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 Ser uvenile Non-Residential Services Outpatient - Family; Juvenile Non-F co-Occurring Treatment | dult Non-Residential | Services Outpatient - lucation; Juvenile |
| Mental Health Services: | | Co-Occurring; Adults who Sexually Harm Evaluation; Psychological E | valuation; Outpatient | Therapy |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Co-occurring; Assessment: Pre sment: Psychological Evaluation; Assessment: Juvenile Who Sexuall | -Treatment Assessm | ent (Medicaid); |
| Other Services: | - | | | |

| Name | Agency | Address | Phone | Fax |
|--|--|---|---|---|
| Mayfield, Liz | Hope Harbor Inc | 615 W 1st Street Grand Island NB 68801 | (308)385-5190 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| McDowell, Meredith | Monty Shultz Counseling and NeuroFeedback | 2002 Central Ave Kearney NB 68847-4473 | (308)708-9379 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential S Outpatient - Individual; Adult Non-Residentia Juvenile Assessment Services Substance A Care Monitoring SA/MH; Juvenile Non-Residential | se Evaluations; Adult Non-Residential Services Intervention/Educa ervices Outpatient - Groups; Adult Non-Residential Services Outp al Services Outpatient - Co-Occurring Treatment; Adult Non-Resid buse Evaluations; Juvenile Non-Residential Services Intervention dential Services Outpatient - Groups; Juvenile Non-Residential Se Juvenile Non-Residential Services Outpatient - Co-Occurring Tre | atient - Family; Adult Non-Resi lential Services Intensive Outpa /Education; Juvenile Non-Residervices Outpatient - Family; Juv | dential Services atient Treatment; dential Services enile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosoci | al); Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Heal Mental Health: Outpatient Therapy - Eating | th; Outpatient Therapy including Group Sessions-Mental Health; C Disorder; Assessment: Pre-Treatment Assessment (Medicaid) | Dutpatient Therapy including Fa | amily 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 Out | se Evaluations; Adult Non-Residential Services Outpatient - Group patient - Individual; Adult Non-Residential Services Outpatient - Co venile Assessment Services Substance Abuse Evaluations; Juver to Individual: Juvenile Non-Residential Services Outpatient - Co | o-Occurring Treatment; Adult N nile Non-Residential Services C | on-Residential |
| | | | e counting in outline in | |
| Mental Health Services: | | | | |
| | Pre-Treatment Assessment (bio-psychosoci | al); Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | al); Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: Other Services: | Pre-Treatment Assessment (bio-psychosoci Outpatient Therapy - Individual-Mental Heal | al); Co-Occurring; Outpatient Therapy | (402)469-1058 | |
| Juvenile Services: Other Services: McMaster, Brianna Substance Abuse Services: | Pre-Treatment Assessment (bio-psychosoci Outpatient Therapy - Individual-Mental Heal Sliding Fee Scale; Adult Assessment Services Substance Abus Groups; Adult Non-Residential Services Out Co-Occurring Treatment; Juvenile Assessm Non-Residential Services Outpatient - Group Juvenile Non-Residential Services Outpatient | al); Co-Occurring; Outpatient Therapy th; Outpatient Therapy - Co-occurring 2217 W. 12th St Ste 4 Hastings NB 68901 se Evaluations; Adult Non-Residential Services Intervention/Educa patient - Family; Adult Non-Residential Services Outpatient - Indiv ent Services Substance Abuse Evaluations; Juvenile Non-Residen ps; Juvenile Non-Residential Services Outpatient - Family; Juvenil nt - Co-Occurring Treatment | (402)469-1058 ation; Adult Non-Residential Se vidual; Adult Non-Residential S ntial Services Intervention/Educ | ervices Outpatien cation, Juvenile |
| Juvenile Services: Other Services: McMaster, Brianna Substance Abuse Services: Mental Health Services: | Pre-Treatment Assessment (bio-psychosoci Outpatient Therapy - Individual-Mental Heal Sliding Fee Scale; Adult Assessment Services Substance Abus Groups; Adult Non-Residential Services Out Co-Occurring Treatment; Juvenile Assessm Non-Residential Services Outpatient - Group Juvenile Non-Residential Services Outpatient Pre-Treatment Assessment (bio-psychosoci | al); Co-Occurring; Outpatient Therapy th; Outpatient Therapy - Co-occurring 2217 W. 12th St Ste 4 Hastings NB 68901 se Evaluations; Adult Non-Residential Services Intervention/Educa patient - Family; Adult Non-Residential Services Outpatient - Indiv ent Services Substance Abuse Evaluations; Juvenile Non-Residen ps; Juvenile Non-Residential Services Outpatient - Family; Juvenil nt - Co-Occurring Treatment al); Co-Occurring; Outpatient Therapy | (402)469-1058 ation; Adult Non-Residential Se <i>i</i> idual; Adult Non-Residential S ntial Services Intervention/Educ le Non-Residential Services Ou | ervices Outpatient cation; Juvenile ttpatient - Individu |
| Juvenile Services: Other Services: McMaster, Brianna Substance Abuse Services: Mental Health Services: | Pre-Treatment Assessment (bio-psychosoci Outpatient Therapy - Individual-Mental Heal Sliding Fee Scale; Adult Assessment Services Substance Abus Groups; Adult Non-Residential Services Out Co-Occurring Treatment; Juvenile Assessm Non-Residential Services Outpatient - Group Juvenile Non-Residential Services Outpatient Pre-Treatment Assessment (bio-psychosoci Outpatient Therapy - Individual-Mental Heal Mental Health | al); Co-Occurring; Outpatient Therapy th; Outpatient Therapy - Co-occurring 2217 W. 12th St Ste 4 Hastings NB 68901 se Evaluations; Adult Non-Residential Services Intervention/Educa patient - Family; Adult Non-Residential Services Outpatient - Indiv ent Services Substance Abuse Evaluations; Juvenile Non-Residen ps; Juvenile Non-Residential Services Outpatient - Family; Juvenil nt - Co-Occurring Treatment | (402)469-1058 ation; Adult Non-Residential Se <i>i</i> idual; Adult Non-Residential S ntial Services Intervention/Educ le Non-Residential Services Ou | ervices Outpatient cation; Juvenile ttpatient - Individu |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|---|
| Meidlinger, John | | 1811 W 2nd St Suite 410 Grand Island NB 68803 | (308)384-9594 | (308)384-0446 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Evaluation | enile Youth Who Sexually Harm Evaluation (YWSH); Adults who Sexu | ally Harm Evaluatior | i; Psychological |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica Who Sexually Harm Risk Assessment | aid); Assessment: Mental Status Exam (MSE); Assessment: Psycholo | ogical Evaluation; As | sessment: Juvenile |
| Other Services: | | | | |
| Mexcur, Victoria | VA-Western Iowa Health Care | 2201 N. Broadwell Ave Grand Island NB 68803 | (308)382-3660 | |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Outpatient - Groups; Adult ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurr tesidential Services Short Term Residential | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental H apy including Family Sessions-Mental Health; Outpatient Therapy - Ea ient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ting Disorder; Outpa t Therapy-Youth Wh | tient Therapy - Co- o Sexually Harm; |
| Other Services: | | | | |
| Nelms, Allison | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (308)384-7896 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Newman, Rocky | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (308)384-7896 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|---|--|--|--|
| Price-Wells, Cherisa | ResCare Workforce Services | 3720 N 27th St Ste 6 Lincoln NB 68521 | (402)458-4925 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| Juvenile Services: Other Services: | | | | |
| Riessland, Bryce | | 124 W. 46th Ave. Suite 105 Kearney NB 68848 | (308)440-5294 | (308)388-5545 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential S | se Evaluations; Adult Non-Residential Services Intervention/Education; iervices Outpatient - Groups; Adult Non-Residential Services Outpatient al Services Outpatient - Co-Occurring Treatment | | |
| | Pre-Treatment Assessment (bio-psychosoc | ial); Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Rivera, Elia | | 312 North Elm Street Suite 105 Grand Island NB 68801 | (308)383-2208 | |
| | Groups; Adult Non-Residential Services Ou Co-Occurring Treatment; Juvenile Assessm | | Adult Non-Residential ervices Intervention/Ec | Services Outpatient ducation; Juvenile |
| | | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy inclu | Idina Group Sessions-I | Mental Health |
| | Outpatient Therapy - Co-occurring | | | violitai ricatti, |
| 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 S Assessment Services Substance Abuse Eva | se Evaluations; Adult Non-Residential Services Intervention/Education; services Outpatient - Individual; Adult Non-Residential Services Outpatie aluations; Juvenile Non-Residential Services Intervention/Education; Jur Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Service | nt - Co-Occurring Trea venile Non-Residential | tment; Juvenile Services Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosoc | ial); Co-Occurring; Outpatient Therapy | | |
| | · · · · | | | |
| Juvenile Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|--|
| Schulenberg, Amber | Midwest Country Clinic | Box 26 202 East HWY 20 Bassett NB 68714 | (402)380-9249 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Spellbrink, Sarah | | 312 N. Elm St. Suite 115 Grand Island NB 68801 | (308)379-6932 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex Individual | valuations; Adult Non-Residential Services Outpatient - Family; Ad | lult Non-Residential Servic | es Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | 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 Se ervices Substance Abuse E Non-Residential Services | ervices Outpatien valuations; Juver Outpatient - Fam |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatient | atient Therapy including Fa | mily Sessions- |
| | Mental Health; Outpatient Therapy - Co-occurring | g; Assessment: Pre-Treatment Assessment (Medicaid) | ation merapy molading ra | |
| 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 Intens | valuations; Adult Non-Residential Services Outpatient - Groups; A sive Outpatient Treatment; Juvenile Assessment Services Substar ile Non-Residential Services Outpatient - Individual; Juvenile Non- | nce Abuse Evaluations; Juv | enile Non- |
| Mental Health Services: | Outpatient Therapy | | | |
| | | | | |
| Juvenile Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|----------------------|--|
| Stuehm, Nadine | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)865-8738 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser I; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N tient - Individual | dult Non-Residential | Services Outpatient |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient | Therapy | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | | | |
| Wallace, Cynthia | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | (308)385-5271 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Weber, Kristi | Weber Behavioral Health | 942 N 13th Geneva NB 68361 | (402)759-3802 | (402)759-3803 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Co-Occurring | Treatment | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Outpatient Therapy; Med | ication Evaluation | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Assessr Evaluation; Assessment: Mental Status Exam (MSE); Assessment: M | | |
| Other Services: | Sliding Fee Scale; | | | |
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)383-1622 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential | Services Outpatient ducation; Juvenile |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Co-Occurring | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Wragge, Shelly | Always Hope Counseling LLC | 1811 W. 2nd Street, Suite 450 Grand Island NB 68803 | (308)384-4405 | (308)339-0962 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Services uvenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | dult Non-Residential | Services Outpatient lucation; Juvenile |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Co-Occurring | t Therapy including | Family Sessions- |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Alfrey , Kerry | Kerry L Alfrey LLC | 403 Lexington Circle Grand Island NB 68803 | (402)335-7908 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ | | rvices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Adults who Sexually Harm Evaluation; Outpatient Th | erapy | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpa Sexually Harm; Outpatient Therapy - Co-occurring; Assessment: P sment: Juvenile Who Sexually Harm Risk Assessment; Assessmer | re-Treatment Assessm | |
| Other Services: | | | | |
| Arnett Nickolaus, Theresa | SOZO Family Services | 616 13th St Suite 110 Aurora NB 68818 | (402)631-7267 | (402)694-4199 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; nt - Individual: Adult Non-Residential Services Outpatient - Co-Occ | | Services Outpatient - |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | ······································ | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient: Intensive Outpatient Therapy-Mental | utpatient Therapy including Family Sessions-Mental Health; Outpa Health: Assessment: Mental Status Exam (MSE) | tient Therapy - Eating I | Disorder; Intensive |
| Other Services: | Sliding Fee Scale; | | | |
| Betka, Cindy | FGH Inc | 942 N 13th St. Geneva NB 68361 | (402)879-5959 | |
| | | | () | (402)759-3803 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individual | Adult Non-Residential | () |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Pre-Treatment Assessment (bio-psychosocial); C | nt - Family; Adult Non-Residential Services Outpatient - Individual Dutpatient Therapy | | Services Outpatient - |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati | nt - Family; Adult Non-Residential Services Outpatient - Individual | ual-Mental Health; Out | Services Outpatient - |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati | ent - Family; Adult Non-Residential Services Outpatient - Individual Dutpatient Therapy Treatment: General Education Class; Outpatient Therapy - Individu ent Therapy including Family Sessions-Mental Health; Outpatient | ual-Mental Health; Out | Services Outpatient - |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati Therapy - Co-occurring; Assessment: Pre-Treatm | ent - Family; Adult Non-Residential Services Outpatient - Individual Dutpatient Therapy Treatment: General Education Class; Outpatient Therapy - Individu ent Therapy including Family Sessions-Mental Health; Outpatient | ual-Mental Health; Out | Services Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: Brugger, Keri Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati Therapy - Co-occurring; Assessment: Pre-Treatm Sliding Fee Scale; Wholeness Healing Center PC Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | Int - Family; Adult Non-Residential Services Outpatient - Individual Outpatient Therapy Treatment: General Education Class; Outpatient Therapy - Individu ent Therapy including Family Sessions-Mental Health; Outpatient nent Assessment (Medicaid); Assessment: Co-Occurring 2608 Oldfair Rd. Grand Island NB 68803 raluations; Adult Non-Residential Services Intervention/Education; int - Family; Adult Non-Residential Services Outpatient - Individual | ual-Mental Health; Outp Therapy - Eating Disord (308)382-5297 Adult Non-Residential | Services Outpatient - Datient Therapy der; Outpatient (308)382-5315 Services Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: Brugger, Keri Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati Therapy - Co-occurring; Assessment: Pre-Treatm Sliding Fee Scale; Wholeness Healing Center PC Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C | Int - Family; Adult Non-Residential Services Outpatient - Individual Outpatient Therapy Treatment: General Education Class; Outpatient Therapy - Individu ent Therapy including Family Sessions-Mental Health; Outpatient nent Assessment (Medicaid); Assessment: Co-Occurring 2608 Oldfair Rd. Grand Island NB 68803 raluations; Adult Non-Residential Services Intervention/Education; int - Family; Adult Non-Residential Services Outpatient - Individual Co-Occurring; Outpatient Therapy | ual-Mental Health; Outp Therapy - Eating Disord (308)382-5297 Adult Non-Residential Adult Non-Residential | Services Outpatient - Datient Therapy der; Outpatient (308)382-5315 Services Outpatient - Services Outpatient |
| Mental Health Services: Juvenile Services: Other Services: Brugger, Keri Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati Therapy - Co-occurring; Assessment: Pre-Treatm Sliding Fee Scale; Wholeness Healing Center PC Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O | Int - Family; Adult Non-Residential Services Outpatient - Individual Outpatient Therapy Treatment: General Education Class; Outpatient Therapy - Individu ent Therapy including Family Sessions-Mental Health; Outpatient nent Assessment (Medicaid); Assessment: Co-Occurring 2608 Oldfair Rd. Grand Island NB 68803 raluations; Adult Non-Residential Services Intervention/Education; int - Family; Adult Non-Residential Services Outpatient - Individual | ual-Mental Health; Outp Therapy - Eating Disord (308)382-5297 Adult Non-Residential Adult Non-Residential ient Therapy including | Services Outpatient - batient Therapy der; Outpatient (308)382-5315 Services Outpatient - Services Outpatient |

| Name | Agency | Address | Phone | Fax |
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| Frances, Sonya | Compassionate Healing Counseling Services Inc | 1811 W 2nd St Suite 420 Grand Island NB 68803 | (308)384-4617 | (844)270-3023 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Dutpatient Therapy | | |
| | (Medicaid) | Outpatient Therapy including Family Sessions-Mental Health; Assessm | nent: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Franssen, Tracee | Friendship House Inc | 707 W 1st St Grand Island NB 68801 | (308)675-3345 | (308)675-3342 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr residential Services Outpatient - Family; Juvenile Non-Residential Ser Freatment | ring Treatment; Juve | nile Non-Residential |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C Pre-Treatment Assessment (Medicaid); Assessm | Outpatient Therapy including Family Sessions-Mental Health; Outpatie nent: Co-Occurring | nt Therapy - Co-occi | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | ů. | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); / | Adults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harma Sexually Harm Risk Assessment | ; Assessment: Mental Status Exam (MSE); Assessment: Psychologica | al Evaluation; Assess | sment: Juvenile Who |
| Other Services: | | | | |
| Hruby, Kristine | | 1811 West 2nd St. suite 450 Grand Island NB 68801 | (308)390-5508 | (308)339-0962 |
| Substance Abuse Services: Mental Health Services: | Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Non-Residential Services Outpatient - Groups; Juvenile Non-Reside ; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ring Treatment; Juve ential Services Outpa | nile Assessment tient - Family; Juvenil |
| Juvenile Services: | 1 17 | Outpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occi | urring; Assessment: |

| Name | Agency | Address | Phone | Fax |
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| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment | : General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Kennedy, Jr., William T. | | 2267 N Webb Rd Grand Island NB 68803 | (308)390-6948 | (308)624-2164 |
| | | Evaluations; Adult Non-Residential Services Intervention/Ec ient - Family; Adult Non-Residential Services Outpatient - I | | Services Outpatient |
| | Sliding Fee Scale; | | | |
| Kissack, Cynthia | Cynthia Kissack Counseling | 2517 S August Grand Island NB 68801 | (308)379-8619 | (308)385-5271 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre | e-Treatment Assessment (bio-psychosocial); Outpatient The | erapy | |
| Juvenile Services: | | apy-Mental Health; Intensive Outpatient: Intensive Outpatie Pre-Treatment Assessment (Medicaid); Assessment: Men | | utpatient: Intensive |
| Other Services: | Sliding Fee Scale; | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| | Family; Adult Non-Residential Services Outpatie | | - Co-Occurring Treatment; Adul | t Non-Residential |
| | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|---|
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Outpatien | t Therapy | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; In | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental He order; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healt ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment | ealth; Outpatient The | erapy - Youth Who ent: Intensive |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental H py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster (| ting Disorder, Outpa t Therapy-Youth Wh | atient Therapy - Co- o Sexually Harm; |
| Other Services: | | | | |
| Rowe, Leisa | Leisa Rowe Counseling | 908 N. Howard Ave, Suite 102 Grand Island NB 68803 | (308)398-6050 | (308)398-6051 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Assessment Services Substance Abuse Evaluation | valuations; Adult Non-Residential Services Intervention/Education; Adues Outpatient - Individual; Adult Non-Residential Services Outpatient - ons; Juvenile Non-Residential Services Intervention/Education; Juver atient - Co-Occurring Treatment; Juvenile Non-Residential Services Ir | Co-Occurring Treat | tment; Juvenile Services Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring: Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education; Adu ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non adividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family; |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid) | t Therapy including | Family Sessions- |

| Name | Agency | Address | Phone | Fax |
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| 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 Intensi | aluations; Adult Non-Residential Services Outpatient - Groups; ive Outpatient Treatment; Juvenile Assessment Services Substa le Non-Residential Services Outpatient - Individual; Juvenile No | ance Abuse Evaluations; J | luvenile 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 | raluations; Adult Non-Residential Services Intervention/Educatio ent - Family; Adult Non-Residential Services Outpatient - Individu rervices Substance Abuse Evaluations; Juvenile Non-Residentia Juvenile Non-Residential Services Outpatient - Family; Juvenile No- co-Occurring Treatment | al; Adult Non-Residential I Services Intervention/Ed | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Weber, Kristi | Weber Behavioral Health | 942 N 13th Geneva NB 68361 | (402)759-3802 | (402)759-3803 |
| | | | | (102)100 0000 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Co-Occu | rring Treatment | (102)/ 00 0000 |
| | | aluations; Adult Non-Residential Services Outpatient - Co-Occu Treatment Assessment (bio-psychosocial); Outpatient Therapy; | • | (102)100 0000 |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Assessment (PTA); Pre- | | Medication Evaluation essment: Pre-Treatment / | Assessment |
| Mental Health Services: Juvenile Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Outpatient Therapy; utpatient Therapy including Family Sessions-Mental Health; Ass | Medication Evaluation essment: Pre-Treatment / | Assessment |
| Mental Health Services: Juvenile Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- Outpatient Therapy - Individual-Mental Health; Ou (Medicaid); Assessment: Outpatient Psychiatric E | Treatment Assessment (bio-psychosocial); Outpatient Therapy; utpatient Therapy including Family Sessions-Mental Health; Ass | Medication Evaluation essment: Pre-Treatment / | Assessment |
| Mental Health Services: Juvenile Services: Other Services: White, Lisa Substance Abuse Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- Outpatient Therapy - Individual-Mental Health; Ou (Medicaid); Assessment: Outpatient Psychiatric E Sliding Fee Scale; Horizon Recovery & Counseling Center Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | Treatment Assessment (bio-psychosocial); Outpatient Therapy; utpatient Therapy including Family Sessions-Mental Health; Assessment: Mental Status Exam (MSE); Assessme 835 S Burlington Ste 115 Hastings NB 68901 valuations; Adult Non-Residential Services Intervention/Education int - Family; Adult Non-Residential Services Outpatient - Individu ervices Substance Abuse Evaluations; Juvenile Non-Residential venile Non-Residential Services Outpatient - Family; Juvenile No- o-Occurring Treatment | Medication Evaluation essment: Pre-Treatment / nt: Medication Manageme (308)383-1622 n; Adult Non-Residential S ial; Adult Non-Residential I Services Intervention/Ed | Assessment int Services Outpatient - Services Outpatient ucation; Juvenile |

| Name | Agency | Address | Phone | Fax |
|--|---|--|---|-------------------------------------|
| Carlson, Nancy | Counseling Toward Hope | 710 Burlington Holdrege NB 68949 | (308)995-6691 | (855)995-6830 |
| | | aluations; Adult Non-Residential Services Intervention/Education; Adu t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri utpatient Therapy | | Services Outpatient |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| | Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: O Sliding Fee Scale; | General Education Class | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| Mental Health Services: Juvenile Services: | Family; Adult Non-Residential Services Outpatier | | ng Treatment; Adult | Non-Residential |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; Ir | Therapy Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatier ental Health; Outpatient Therapy including Family Sessions-Mental Healt rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healt ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme ment: Juvenile Who Sexually Harm Risk Assessment | ealth; Outpatient The h; Intensive Outpati | erapy - Youth Who ent: Intensive |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|---|
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Juvenile Assessment S I; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occ | al; Adult Non-Residential ervices Substance Abuse e Non-Residential Service | Services Outpatient - Evaluations; Juveniles Outpatient - Family |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| | Mental Health; Outpatient Therapy - Co-occurring | outpatient Therapy including Group Sessions-Mental Health; Outp g; Assessment: Pre-Treatment Assessment (Medicaid) | atient Therapy including I | Family Sessions- |
| Other Services: | Sliding Fee Scale; | - | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni | valuations; Adult Non-Residential Services Outpatient - Groups; A sive Outpatient Treatment; Juvenile Assessment Services Substa ile Non-Residential Services Outpatient - Individual Co-Occurring; Adults who Sexually Harm Evaluation; Psychologic | nce Abuse Evaluations; J | uvenile Non- |
| | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who | outpatient Therapy including Group Sessions-Mental Health; Outp Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Out at Assessment (Medicaid); Assessment: Mental Status Exam (MS | atient Therapy including I patient: Intensive Outpati | Family Sessions- ent Therapy-Youth |
| Other Services: | Sliding Fee Scale; | - | | |
| Stuehm, Nadine | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)865-8738 | |
| 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 H; Juvenile Non-Residential Services Outpatient - Groups; Juven atient - Individual | al; Adult Non-Residential Services Intervention/Ed | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | | Treatment Assessment (bio-psychosocial); Co-Occurring; Outpat | ient Therapy | |
| | | outpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | , ., ., | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Brandyberry, Kyle | Heartland Counseling | 110 N Bailey PO Box 1209 North Platte NB 69101 | (308)534-6029 | (308)534-6961 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non adividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A SE); Assessment: Co-Occurring | | |
| | | | | |
| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Adults who Sexually Harm Evaluation; Outpatient Thera | ру | |
| Juvenile Services: | | atient Therapy - Individual-Mental Health; Outpatient Therapy includir ental Health; Outpatient Therapy - Eating Disorder; Day Treatment Da ent: Mental Status Exam (MSE) | | |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| 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 Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Indi | raluations; Adult Non-Residential Services Intervention/Education; Adu ant - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin Dutpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid) | dult Non-Residential es Substance Abuse n-Residential Servic g Treatment; Juveni | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family le Non-Residential |
| Other Services: | Sliding Fee Scale; | ······································ | | |

| Name | Agency | Address | Phone | Fax |
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| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juven | valuations; Adult Non-Residential Services Outpatient - Groups; Ad sive Outpatient Treatment; Juvenile Assessment Services Substand nile Non-Residential Services Outpatient - Individual Co-Occurring; Adults who Sexually Harm Evaluation; Psychological | ce 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 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; | | | |
| 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 Outpati Co-Occurring Treatment; Juvenile Assessment | valuations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual Services Substance Abuse Evaluations; Juvenile Non-Residential S Juvenile Non-Residential Services Outpatient - Family; Juvenile Nor Co-Occurring Treatment | ; Adult Non-Residentia Services Intervention/E | I Services Outpatient ducation; Juvenile |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C Mental Health; Outpatient Therapy - Co-occurrin | Dutpatient Therapy including Group Sessions-Mental Health; Outpa ng; Assessment: Co-Occurring | tient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Adults who Sexually Harm Evaluation; Outpatient Thera | ру | |
| | | atient Therapy - Individual-Mental Health; Outpatient Therapy includir ental Health; Outpatient Therapy - Eating Disorder; Day Treatment Da ent: Mental Status Exam (MSE) | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: 0 | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| | Pre-Treatment Assessment (bio-psychosocial); O | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Pre-Treatment Assessment (Medicaid) | it Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| 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: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Adults who Sexually Harm Evaluation; Psychological Ev | aluation; Outpatient | Therapy |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A Assessment; Assessment: Co-Occurring | nt: Intensive Outpat | ent Therapy-Youth |
| Other Services: | Sliding Fee Scale; | - | | |

| Name | Agency | Add | lress | Phone | Fax |
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| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB | 68701 | (402)750-9660 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S | nt - Family; Adult Non-Residential | Services Outpatient - Individual; A | Adult Non-Residential | Services Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | | |
| 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 Emergency Services Social Detox; Adult As Adult Non-Residential Services Care Monitoring S Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Assessment Services Substance Abuse Evaluation Monitoring SA/MH; Juvenile Non-Residential Ser Services Outpatient - Individual; Juvenile Non-Residential Ser Outpatient Treatment | SA/MH; Adult Non-Residential Ser ht - Individual; Adult Non-Residenti esidential Services Dual Resident ons; Juvenile Non-Residential Ser vices Outpatient - Groups; Juvenil | vices Outpatient - Groups; Adult N al Services Outpatient - Co-Occur al (MH/SA); Adult Residential Ser vices Intervention/Education; Juve e Non-Residential Services Outpa | Non-Residential Servio rring Treatment; Adult vices Short Term Res enile Non-Residential tient - Family; Juvenil | ces Outpatient - Non-Residential sidential; Juvenile Services Care e Non-Residential |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-Mu Intensive Outpatient Therapy-Mental Health; Inte (Medicaid); Assessment: Co-Occurring | ental Health; Outpatient Therapy - | Eating Disorder; Outpatient Thera | apy - Co-occurring; In | tensive Outpatient: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | | |
| Brooks, Cristy | Good Life Counseling & Support | 118 E State St Atkinson NB | 68713 | (402)340-0022 | |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Outpatient Therapy | | | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; O | utpatient Therapy - Individual-Mer | tal Health; Outpatient Therapy inc | cluding Family Sessio | ns-Mental Health |
| Other Services: | | | | | |
| Brown, Nicholas | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 | South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Service | es Outpatient - Groups; Adult Non- | Residential Services Outpatient - | Family; Adult Non-Re | sidential Services |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Clyde, Jessica | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| Juvenile Services: Other Services: | Non-Treatment: Family Support Worker; Commu | inity Treatment Aide | | |
| 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: | | | | |
| Dearmont, Melissa | Midwest Country Clinic | Box 26 202 East HWY 20 Bassett NB 68714 | (402)684-2908 | (402)913-3454 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Non-Resident Residential Services Outpatient - Family; Juvenil Treatment | valuations; Adult Non-Residential Services Intervention/Education; Ac ent - Family; Adult Non-Residential Services Outpatient - Individual; A ial Services Intervention/Education; Juvenile Non-Residential Service e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | dult Non-Residential | Services Outpatient - s; Juvenile Non- |
| | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| | Assessment: Co-Occurring | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hamstra, Emily | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | |
| Mental Health Services: | Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residenti Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Juvenile Pre-Treatment Assessment (PTA); Pre- Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpat | valuations; Adult Non-Residential Services Intervention/Education; Ac es Outpatient - Groups; Adult Non-Residential Services Outpatient - I rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential S e Evaluations; Juvenile Non-Residential Services Intervention/Educati al Services Outpatient - Groups; Juvenile Non-Residential Services C enile Non-Residential Services Outpatient - Co-Occurring Treatment; Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient -Treatment: General Education Class; Outpatient Therapy - Individua ient Therapy including Family Sessions-Mental Health; Outpatient The Treatment Day Treatment-Mental Health; Assessment: Pre-Treatment | Family; Adult Non-Re ervices Intensive Ou on; Juvenile Non-Re Dutpatient - Family; J Juvenile Non-Reside Therapy I-Mental Health; Outp erapy - Co-occurring | esidential Services tpatient Treatment; esidential Services uvenile Non- ential Services patient Therapy y; Intensive Outpatient |

| 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 | | Adult Non-Residential Abuse Evaluations; J | Services Intensive uvenile Non- |
| | Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatio g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; | ent Therapy including Assessment: Pre-Trea | Family Sessions- atment Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Outpatient | t Therapy | | |
| Juvenile Services: | Non-Treatment: Ander Management Class: Non- | | | |
| | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; Ir | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpati ental Health; Outpatient Therapy including Family Sessions-Mental I rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Hea ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessm sment: Juvenile Who Sexually Harm Risk Assessment | Health; Outpatient The alth; Intensive Outpatie | erapy - Youth Who ent: Intensive |
| Other Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; Ir | ental Health; Outpatient Therapy including Family Sessions-Mental I rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Hea ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessm | Health; Outpatient The alth; Intensive Outpatie | erapy - Youth Who ent: Intensive |
| | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; Ir | ental Health; Outpatient Therapy including Family Sessions-Mental I rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Hea ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessm | Health; Outpatient The alth; Intensive Outpatie | erapy - Youth Who ent: Intensive |
| Other Services: Kubo, Dana Substance Abuse Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; In Assessment: Mental Status Exam (MSE); Assess Good Life Counseling & Support Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | ental Health; Outpatient Therapy including Family Sessions-Mental I rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Hea intensive Outpatient: Intensive Outpatient- Eating Disorder; Assess sment: Juvenile Who Sexually Harm Risk Assessment 200 N 34th PO Box 2315 Norfolk NB 68702 valuations; Adult Non-Residential Services Intervention/Education; A int - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurr | Health; Outpatient The alth; Intensive Outpatie nent: Pre-Treatment A (402)371-3044 dult Non-Residential Adult Non-Residential rices Substance Abuse Ion-Residential Servic | erapy - Youth Who ent: Intensive ssessment (Medicaid) (402)371-9643 Services Outpatient - Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| Other Services: Kubo, Dana Substance Abuse Services: Mental Health Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; In Assessment: Mental Status Exam (MSE); Assess Good Life Counseling & Support Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C | ental Health; Outpatient Therapy including Family Sessions-Mental I rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Hea intensive Outpatient: Intensive Outpatient- Eating Disorder; Assess sment: Juvenile Who Sexually Harm Risk Assessment 200 N 34th PO Box 2315 Norfolk NB 68702 raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; J Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Individual; J dividual; Juvenile Non-Residential Services Outpatient - Co-Occurr Co-Occurring; Outpatient Therapy | Health; Outpatient The alth; Intensive Outpatie nent: Pre-Treatment A (402)371-3044 dult Non-Residential Adult Non-Residential rices Substance Abuse Ion-Residential Servic ing Treatment; Juveni | erapy - Youth Who ent: Intensive ssessment (Medicaid (402)371-9643 Services Outpatient - Services Outpatient - e Evaluations; Juvenil es Outpatient - Family le Non-Residential |
| Other Services: Kubo, Dana Substance Abuse Services: Mental Health Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; In Assessment: Mental Status Exam (MSE); Assess Good Life Counseling & Support Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: Intensive Family Preservation; N Individual-Mental Health; Outpatient Therapy incl | ental Health; Outpatient Therapy including Family Sessions-Mental I rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Hea intensive Outpatient: Intensive Outpatient - Eating Disorder; Assess sment: Juvenile Who Sexually Harm Risk Assessment 200 N 34th PO Box 2315 Norfolk NB 68702 raluations; Adult Non-Residential Services Intervention/Education; A int - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Serv ; Juvenile Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Serv ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N individual; Juvenile Non-Residential Services Outpatient - Co-Occurr Co-Occurring; Outpatient Therapy Ion-Treatment: Anger Management Class; Non-Treatment: General Iuding Group Sessions-Mental Health; Outpatient Therapy including ensive Outpatient Therapy-Mental Health; Intensive Outpatient: Inte | Health; Outpatient The alth; Intensive Outpatie nent: Pre-Treatment A (402)371-3044 (dult Non-Residential Adult Non-Residential vices Substance Abuse Ion-Residential Servic ing Treatment; Juveni Education Class; Out Family Sessions-Mer | erapy - Youth Who ent: Intensive ssessment (Medicaid (402)371-9643 Services Outpatient - Services Outpatient - e Evaluations; Juvenil es Outpatient - Family le Non-Residential patient Therapy - ntal Health; Outpatient |

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

| Name | Agency | Address | Phone | Fax |
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| Larson, Beth | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; A | ssessment: Pre-Treatment Assessment (Medicaid) | | |
| 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 Outpati Abuse Evaluations; Juvenile Non-Residential Services | ssessment Services Substance Abuse Evaluations; Adult Non-Reside ups; Adult Non-Residential Services Outpatient - Family; Adult Non-R ent Treatment; Adult Residential Services Short Term Residential; Ju rvices Intervention/Education; Juvenile Non-Residential Services Out dential Services Outpatient - Individual; Juvenile Non-Residential Services | esidential Services (venile Assessment) patient - Groups; Juv | Dutpatient - Individual; Services Substance venile Non-Residential |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental apy including Family Sessions-Mental Health; Outpatient Therapy - Ea ient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatier aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ating Disorder; Outpa It Therapy-Youth Wh | atient Therapy - Co- to Sexually Harm; |
| Other Services: | | | | |
| Millard, Laurie | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | Supervised Visitation; Non-Treatment: Day Repo Education Class; Outpatient Therapy - Individual Family Sessions-Mental Health; Outpatient Thera Health; Intensive Outpatient: Intensive Outpatient | eatment: Tracker (Except Douglas County); Non-Treatment: Intensive orting; Non-Treatment: Evening Reporting; Non-Treatment: Anger Ma -Mental Health; Outpatient Therapy including Group Sessions-Menta apy - Eating Disorder; Community Treatment Aide; Intensive Outpatie t- Eating Disorder; Intensive Outpatient: Intensive Outpatient Therapy Mental Status Exam (MSE); Contracted Services: Tracker; Contracted | nagement Class; No I Health; Outpatient ⁻ ent: Intensive Outpati /-Co-occurring; Asse | n-Treatment: General Fherapy including ent Therapy-Mental ssment: Pre- |

Other Services: Bilingual Services;

| Name | Agency | Address | Phone | Fax |
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| Morrow, Laurie | Oasis Counseling International | 221 W Douglas O'Neill NB 68763 | (402)379-2030 | |
| Mental Health Services: | Outpatient Therapy Non-Treatment: Family Support Worker; Non-Tre | cation; Adult Non-Residential Services Outpatient - Groups eatment: Supervised Visitation; Community Treatment Aide | | |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| | Adult Non-Residential Services Outpatient - Indiv Halfway-House Pre-Treatment Assessment (bio-psychosocial); C | cation; Adult Non-Residential Services Outpatient - Groups; A vidual; Adult Non-Residential Services Outpatient - Co-Occurr Co-Occurring; Outpatient Therapy | | |
| Ohde, Ashton | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | Dutpatient Therapy - Individual-Mental Health; Outpatient Ther ental Health; Outpatient Therapy - Eating Disorder | rapy including Group Session | ns-Mental Health; |
| Other Services: | | | | |
| Pelster-Hess, Brooke | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: | 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 - Indiv s Short Term Residential; Juvenile Assessment Services Subs enile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Intensive Outpat | vidual; Adult Non-Residential stance Abuse Evaluations; Ju Non-Residential Services O | Services Intensive venile Non- utpatient - Family; |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; C g: Intensive Outpatient: Intensive Outpatient Therapy-Co-occu | | |
| | | g, mensive outpatient. Intensive outpatient merapy of occe | | anng |

| Name | Agency | Address | Phone | Fax |
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| Petersen, Connie | Behavioral Health Specialist/Seekers of Serenity | 923 E Norfolk Ave Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| | Non-Residential Services Outpatient - Family; Ad Treatment; Adult Non-Residential Services Inten Substance Abuse Evaluations; Juvenile Non-Res Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | ssessment Services Substance Abuse Evaluations; Adult Non-Re dult Non-Residential Services Outpatient - Individual; Adult Non-Re sive Outpatient Treatment; Adult Residential Services Short Term sidential Services Outpatient - Groups; Juvenile Non-Residential S enile Non-Residential Services Outpatient - Co-Occurring Treatme | esidential Services Outp Residential; Juvenile As Services Outpatient - Fai | atient - Co-Occurring ssessment Services nily; Juvenile Non- |
| | | Co-Occurring; Psychological Evaluation; Outpatient Therapy | | |
| | Mental Health; Outpatient Therapy - Co-occurrin | utpatient Therapy including Group Sessions-Mental Health; Outpa g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring ISE); Assessment: Psychological Evaluation; Assessment: Co-Oc | g; Assessment: Pre-Trea | Family Sessions- atment Assessment |
| other bervices. | Silding Fee Scale, | | | |
| Schawang-Smith, Kim | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; ant - Family; Adult Non-Residential Services Outpatient - Individua | | |
| Mental Health Services: | 0 | Co-Occurring; Crisis Stabilization; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Sotelo, Jessica | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| | | |
| | | so coouring, culpation morapy | | |
| | Outpatient Therapy - Co-occurring; Intensive Out | tpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: | Pre-Treatment Assessr | nent (Medicaid) |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive Ou Bilingual Services; | | Pre-Treatment Assessr | nent (Medicaid) |
| Juvenile Services: | | | Pre-Treatment Assessr (402)370-3140 | nent (Medicaid) |
| Juvenile Services: Other Services: Starman, Beverly | Bilingual Services; Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | tpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: | (402)370-3140 Adult Non-Residential I; Adult Non-Residential rvices Substance Abust Non-Residential Servic | Services Outpatient - Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Juvenile Services: Other Services: Starman, Beverly Substance Abuse Services: | Bilingual Services; Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In | tpatient: Intensive Outpatient Therapy-Co-occurring; Assessment: 4432 Sunrise Place Columbus NB 68601 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 | (402)370-3140 Adult Non-Residential I; Adult Non-Residential rvices Substance Abust Non-Residential Servic | Services Outpatient - Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |

| Nama | Agonov | Address | Phone | Fox |
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| Name | Agency | Address | Phone | Fax |
| Other Services: | Sliding Fee Scale; | | | |
| Stortvedt, Mark | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Adults who Sexually Harm | n Evaluation; Outpati | ent Therapy |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou 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; | | | |
| Sullivan, Michael | Michael Sullivan Counseling | 208 N. 5th St. Norfolk NB 68701-4155 | (402)750-7923 | (402)226-5161 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | vices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | | 5 | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Wagner, Alicia | Behavioral Health Specialist/Seekers of | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| | Serenity | | | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | 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 |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | | |
| Other Services: | Sliding Fee Scale; | | | |
| Williamson, Michael | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Outpatient Therapy including Family Sessions-Me Treatment Assessment (Medicaid); Assessment: | atient Therapy - Individual-Mental Health; Outpatient Therapy includir ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|--|
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | : General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/E ent - Family; Adult Non-Residential Services Outpatient - Services Intensive Outpatient Treatment; Juvenile Asses n; Juvenile Non-Residential Services Outpatient - Groups Individual; Juvenile Non-Residential Services Outpatient - Outpatient Therapy | Individual; Adult Non-Residential sment Services Substance Abus ; Juvenile Non-Residential Service | Services Outpatient e Evaluations; Juvenil es Outpatient - Famil |
| | | Dutpatient Therapy including Group Sessions-Mental Hea ng; Assessment: Pre-Treatment Assessment (Medicaid) | lth; Outpatient Therapy including | Family Sessions- |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intens | valuations; Adult Non-Residential Services Outpatient - C sive Outpatient Treatment; Juvenile Assessment Service: nile Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring; Adults who Sexually Harm Evaluation; Psy | chological Evaluation; Outpatient | t Therapy |
| Juvenile Services: | | Dutpatient Therapy including Group Sessions-Mental Hea Sexually Harm; Outpatient Therapy - Co-occurring; Inter | | |
| | | nt Assessment (Medicaid); Assessment: Mental Status E | | |

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|----------------------------|----------------------|
| Florez, Thomas | Thomas B Florez | 403 Lexington Circle Grand Island NB 68803 | (308)370-1667 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Outpatient - Family atient - Co-Occurring Treatment; Juvenile Assessment Service: le Non-Residential Services Outpatient - Individual; Juvenile N | s Substance Abuse Evaluat | tions; Juvenile Non |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring; Adults who Sexually Harm Evaluation; Outpatier | nt Therapy | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid); Assessn | Outpatient Therapy including Family Sessions-Mental Health; O nent: Co-Occurring | utpatient Therapy - Co-occ | urring; Assessment |
| Other Services: | Sliding Fee Scale; | - | | |
| Frances, Sonya | Compassionate Healing Counseling Services Inc | 1811 W 2nd St Suite 420 Grand Island NB 68803 | (308)384-4617 | (844)270-3023 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Dutpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O (Medicaid) | Outpatient Therapy including Family Sessions-Mental Health; A | ssessment: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Kissack, Cynthia | Cynthia Kissack Counseling | 2517 S August Grand Island NB 68801 | (308)379-8619 | (308)385-5271 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Outpatient Therapy | y | |
| Juvenile Services: | | py-Mental Health; Intensive Outpatient: Intensive Outpatient- E Pre-Treatment Assessment (Medicaid); Assessment: Mental S | | utpatient: Intensive |
| Other Services | | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|--|---|---|---|---|
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Outpatien | t Therapy | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; In | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental He order; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healt ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment | ealth; Outpatient The | erapy - Youth Who ent: Intensive |
| Other Services: | | | | |
| Leddy, Kayla | Clearwater Counseling | 7701 Pacific St Ste 100A Omaha NB 68114 | (308)210-8487 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Substance Abuse Evaluations; Juvenile Non-Residential Serv uvenile Non-Residential Services Outpatient - Family; Juvenile Non-R co-Occurring Treatment | dult Non-Residential vices Intervention/Ec | Services Outpatient - lucation; Juvenile |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; As | ssessment: Mental Status Exam (MSE) | | |
| Other Services: | Sliding Fee Scale; | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental H upy including Family Sessions-Mental Health; Outpatient Therapy - Ea ient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ting Disorder, Outpa t Therapy-Youth Wh | atient Therapy - Co- o Sexually Harm; |
| Other Services: | | | | |
| Rowe, Leisa | Leisa Rowe Counseling | 908 N. Howard Ave, Suite 102 Grand Island NB 68803 | (308)398-6050 | (308)398-6051 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Assessment Services Substance Abuse Evaluation | valuations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Individual; Adult Non-Residential Services Outpatient ons; Juvenile Non-Residential Services Intervention/Education; Juver atient - Co-Occurring Treatment; Juvenile Non-Residential Services In | - Co-Occurring Treat ile Non-Residential | tment; Juvenile Services Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---|
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); P | sychological Evaluation; Outpatient Therapy; Mental Health Intensive | Management | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier ient Assessment (Medicaid); Assessment: Mental Status Exam (MSE Assessment | | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family; |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | Dutpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Pre-Treatment Assessment (Medicaid) | t Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Stuehm, Nadine | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)865-8738 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Care Monitoring SA/MH Family; Juvenile Non-Residential Services Outpa | | dult Non-Residential rices Intervention/Ed on-Residential Servi | Services Outpatient - lucation; Juvenile |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient | Therapy | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient 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 Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Services uvenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | dult Non-Residential rices Intervention/Ed | Services Outpatient - lucation; Juvenile |
| | Co-Occurring; Outpatient Therapy | | | |
| | Outpatient Therapy - Individual-Mental Health; Ou 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: Acute Inpatient; Adults who Sexually Harm Evaluation; Co-Occurring; Crisis Phone Line; Crisis Respite; Crisis Stabilization; Day Treatment; EPC Crisis Center; Emergency Intensive Case Management; Emergency Medical Health Evaluation; Juvenile Co-Occurring Evaluation (C/O); Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Medication Evaluation; Mental Health Intensive Management; Outpatient Therapy; Pre-Treatment Assessment (bio-psychosocial); Psychological Evaluation; Subacute Inpatient; Supported Employment

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|-------------------|
| Antons, Justin | Directions Counseling Center PC | 110 S 6th Suite 221 Beatrice NB 68310 | (402)239-7844 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/E ent - Family; Adult Non-Residential Services Outpatient - Services Substance Abuse Evaluations; Juvenile Non-Re Juvenile Non-Residential Services Outpatient - Co-Occu | Individual; Adult Non-Residential Se sidential Services Intervention/Educ | ervices Outpatier |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)461-4960 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | valuations; Adult Non-Residential Services Intervention/E es Outpatient - Groups; Adult Non-Residential Services (rvices Outpatient - Co-Occurring Treatment; Adult Non-R | Dutpatient - Family; Adult Non-Resid | dential Services |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Furby, Cleveland | Alcohol and Drug Counseling Services | 1203 High St Lincoln NB 68502 | (402)301-5371 ((| 000)000-0000 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - G | | ces Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | nt - Individual; Adult Non-Residential Services Intensive (| Jutpatient Treatment | |
| Juvenile Services: | | so coouring, culpation morapy | | |
| Other Services: | | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Eva | luation | |
| Juvenile Services: | | Assessment: Mental Status Exam (MSE); Assessment: | Psychological Evaluation; Assessme | ent: Juvenile Wł |
| Other Services: | Sexually Harm Risk Assessment | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services | | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | | Address | Phone | Fax |
|--|---|--|--|--|---|
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Pla | ace Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | ent - Family; Adult No Services Intensive O ; Juvenile Non-Resic | on-Residential Services Outpatient - Ind utpatient Treatment; Juvenile Assessmu lential Services Outpatient - Groups; Ju | lividual; Adult Non-Residential ent Services Substance Abus Ivenile Non-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Dutpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C Mental Health; Outpatient Therapy - Co-occurrin | | | Outpatient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | - | | | |
| Stennis, Gladys | Infinite Avenues Counseling | 7117 Farnam St | Suite 17 Omaha NB 68132 | (402)905-6296 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex | aluations | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring; Outpat | ient Therapy | | |
| Juvenile Services: | | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Trauernicht, Joellyn | Blue Valley Behavioral Health | 1123 N 9th St | Beatrice NB 68310 | (402)228-3386 | (402)228-2004 |
| | Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Extended Residential Pre-Treatment Assessment (bio-psychosocial); C | ent - Individual; Adult | Non-Residential Services Intensive Ou | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Volnek, Ashley | CenterPointe | 2633 P St Linco | In NB 68503 | (402)475-8748 | (402)475-6728 |
| Substance Abuse Services: | Adult Residential Services Dual Residential (MH | /SA) | | | |
| Mental Health Services: Juvenile Services: Other Services: | Pre-Treatment Assessment (bio-psychosocial) | | | | |
| Zlomke, Leland | Nebraska Mental Health Centers | 4545 S 86th St | Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | | |
| | Juvenile Pre-Treatment Assessment (PTA); Juve Sexually Harm Evaluation; Psychological Evalua | | | eatment Assessment (bio-psy | chosocial); Adults who |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C Mental Health; Outpatient Therapy - Youth Who Assessment: Mental Status Exam (MSE); Asses | utpatient Therapy in Sexually Harm; Outp | cluding Group Sessions-Mental Health; patient Therapy - Eating Disorder; Asses | ssment: Pre-Treatment Asses | |

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

| N | lame | Agency | Address | Phone | Fax | |
|---|------|--------|---------|-------|-----|--|
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Risk Assessment

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|--|
| Borrenpohl, Jennifer | Willow Psychotherapy | 2120 S 56th Street Suite 206 Lincoln NB 68506 | (402)335-7752 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Denney, Rachel | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)730-6802 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education; ant - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Ser ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile I ndividual; Juvenile Non-Residential Services Outpatient - Co-Occur | Adult Non-Residentia vices Substance Abus Non-Residential Servic | Services Outpatient e Evaluations; Juveni |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | outpatient Therapy including Family Sessions-Mental Health; Outpat | tient Therapy - Co-occ | urring |
| Other Services: | Sliding Fee Scale; | | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)461-4960 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servic | valuations; Adult Non-Residential Services Intervention/Education; , es Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential | - Family; Adult Non-Re | esidential Services |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Eberle, Jeremy | Choices Treatment Center | 127 S 37th St Suite B Lincoln NB 68510 | (402)476-2300 | (402)476-2337 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex | valuations | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Dutpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Furby, Cleveland | Alcohol and Drug Counseling Services | 1203 High St Lincoln NB 68502 | (402)301-5371 | (000)000-0000 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Groups; Ad nt - Individual; Adult Non-Residential Services Intensive Outpatient | | rvices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| | nouthon | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|--|--|---|---|---|
| Herdman, John | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)489-9792 | (402)489-9793 |
| | Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Juvenile Assessment Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - | | Individual; Adult Non-Residential sidential Services Intervention/Ec venile Non-Residential Services (| Services Outpatient lucation; Juvenile Dutpatient - Individua |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre | -Treatment Assessment (bio-psychosocial); Co-Occurring | ; Psychological Evaluation; Outp | atient Therapy |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C Mental Health; Outpatient Therapy - Co-occurrir Psychological Evaluation; Assessment: Co-Occ | Dutpatient Therapy including Group Sessions-Mental Heal ng; Assessment: Pre-Treatment Assessment (Medicaid); A | th; Outpatient Therapy including Assessment: Mental Status Exam | Family Sessions- (MSE); Assessment |
| Other Services: | r sychological Evaluation, Assessment. Co-Occ | uning | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Adults who Sexually Harm Evaluation; Psychological Eval | luation | |
| | Outpatient Therapy - Youth Who Sexually Harm | Adults who Sexually Harm Evaluation; Psychological Eval a); Assessment: Mental Status Exam (MSE); Assessment: F | | ment: Juvenile Who |
| | | | | sment: Juvenile Who |
| Juvenile Services: Other Services: | Outpatient Therapy - Youth Who Sexually Harm | | | sment: Juvenile Who |
| Juvenile Services: Other Services: | Outpatient Therapy - Youth Who Sexually Harm Sexually Harm Risk Assessment Community Justice Center | n; Assessment: Mental Status Exam (MSE); Assessment: F | Psychological Evaluation; Assess | sment: Juvenile Who |
| Juvenile Services: Other Services: Jones, James | Outpatient Therapy - Youth Who Sexually Harm Sexually Harm Risk Assessment Community Justice Center | n; Assessment: Mental Status Exam (MSE); Assessment: F | Psychological Evaluation; Assess | sment: Juvenile Who |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: | Outpatient Therapy - Youth Who Sexually Harm Sexually Harm Risk Assessment Community Justice Center | r; Assessment: Mental Status Exam (MSE); Assessment: F PO Box 22746 Lincoln NB 68542 | Psychological Evaluation; Assess | sment: Juvenile Who |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm Sexually Harm Risk Assessment Community Justice Center Outpatient Therapy | r; Assessment: Mental Status Exam (MSE); Assessment: F PO Box 22746 Lincoln NB 68542 | Psychological Evaluation; Assess | sment: Juvenile Who |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm Sexually Harm Risk Assessment Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: | r; Assessment: Mental Status Exam (MSE); Assessment: F PO Box 22746 Lincoln NB 68542 | Psychological Evaluation; Assess | sment: Juvenile Who |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Koch, Lori | Outpatient Therapy - Youth Who Sexually Harm Sexually Harm Risk Assessment Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; Stephen Center Adult Assessment Services Substance Abuse E Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Adult Non-Residential Residential Services Short Term Residential; Ju SA/MH; Juvenile Non-Residential Services Outpati | r; Assessment: Mental Status Exam (MSE); Assessment: F PO Box 22746 Lincoln NB 68542 : General Education Class | Psychological Evaluation; Assess (402)429-1050 (402)715-5459 ng SA/MH; Adult Non-Residential Individual; Adult Non-Residential al Services Dual Residential (MH ns; Juvenile Non-Residential Serv atient - Family; Juvenile Non-Resi | (402)715-5452 Services Outpatient Services Outpatient /SA); Adult rices Care Monitoring dential Services |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Koch, Lori Substance Abuse Services: | Outpatient Therapy - Youth Who Sexually Harm Sexually Harm Risk Assessment Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; Stephen Center Adult Assessment Services Substance Abuse E Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Adult Non-Residential Residential Services Short Term Residential; Ju SA/MH; Juvenile Non-Residential Services Outpati Outpatient - Individual; Juvenile Non-Residential | PO Box 22746 Lincoln NB 68542 PO Box 22746 Lincoln NB 68542 General Education Class 5217 S 28th St Omaha NB 68107 Valuations; Adult Non-Residential Services Care Monitorir ient - Family; Adult Non-Residential Services Outpatient - Services Intensive Outpatient Treatment; Adult Residential venile Assessment Services Substance Abuse Evaluation batient - Groups; Juvenile Non-Residential Services Outpatient al Services Outpatient - Co-Occurring Treatment; Juvenile | Psychological Evaluation; Assess (402)429-1050 (402)715-5459 ng SA/MH; Adult Non-Residential Individual; Adult Non-Residential al Services Dual Residential (MH ns; Juvenile Non-Residential Serv atient - Family; Juvenile Non-Resi | (402)715-5452 Services Outpatient Services Outpatient /SA); Adult rices Care Monitoring dential Services |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Koch, Lori Substance Abuse Services: Mental Health Services: | Outpatient Therapy - Youth Who Sexually Harm Sexually Harm Risk Assessment Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; Stephen Center Adult Assessment Services Substance Abuse E Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Adult Non-Residential Residential Services Short Term Residential; Ju SA/MH; Juvenile Non-Residential Services Outpati Outpatient - Individual; Juvenile Non-Residential Treatment Pre-Treatment Assessment (bio-psychosocial); | PO Box 22746 Lincoln NB 68542 PO Box 22746 Lincoln NB 68542 General Education Class 5217 S 28th St Omaha NB 68107 Valuations; Adult Non-Residential Services Care Monitorir ient - Family; Adult Non-Residential Services Outpatient - Services Intensive Outpatient Treatment; Adult Residential venile Assessment Services Substance Abuse Evaluation batient - Groups; Juvenile Non-Residential Services Outpatient al Services Outpatient - Co-Occurring Treatment; Juvenile | Psychological Evaluation; Assess (402)429-1050 (402)715-5459 ng SA/MH; Adult Non-Residential Individual; Adult Non-Residential al Services Dual Residential (MH ns; Juvenile Non-Residential Serv atient - Family; Juvenile Non-Resi | (402)715-5452 Services Outpatient Services Outpatient /SA); Adult rices Care Monitoring dential Services |

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|--|
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Outpatien | t Therapy | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Disc Outpatient Therapy-Youth Who Sexually Harm; I | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental H rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Hea ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment | lealth; Outpatient The lth; Intensive Outpatie | erapy - Youth Who ent: Intensive |
| 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 Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servi ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin Co-Occurring: Outpatient Therapy | Adult Non-Residential ces Substance Abuse on-Residential Service | Services Outpatier Evaluations; Juve es Outpatient - Fan |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatie | ent Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | 5 | | |
| Miller, Shannon | Lincoln Medical Education Partnership | 4600 Valley Road Lincoln NB 68510 | (402)327-6822 | (402)483-4594 |
| | | | | |
| Newring, Kirk | Forensic Behavioral Health | 1410 East Gold Coast Rd Ste 800 Papillion NB 68046 | (402)557-6027 | (402)557-6027 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Youth Who Sexually Harm Evaluation (| YWSH); Adults who Sexually Harm Evaluation; Psychological Evalua | tion; Outpatient Thera | ару |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medic Who Sexually Harm Risk Assessment | aid); Assessment: Mental Status Exam (MSE); Assessment: Psychol | logical Evaluation; As | sessment: Juvenil |
| Other Services: | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Paine, Mary | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 685 | 06 (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychologic | al Evaluation; EPC Crisis Center; Outp | atient Therapy |
| Juvenile Services: Other Services: | Sliding Fee Scale; | | | |
| Smith, Morgan | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (308)390-9347 | |
| | Outpatient Therapy Non-Treatment: Intensive Family Preservation; O Outpatient Therapy including Family Sessions-Me | | | ns-Mental Health; |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Non-Residential Services Intervention/Education; | nt - Family; Adult Non-Residential Services Outpa Services Intensive Outpatient Treatment; Juvenile | tient - Individual; Adult Non-Residentia Assessment Services Substance Abus roups; Juvenile Non-Residential Servic | I Services Outpatient - e Evaluations; Juvenil ces Outpatient - Family |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); O Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; | utpatient Therapy including Group Sessions-Ment | | Family Sessions- |
| Trauernicht, Joellyn | Blue Valley Behavioral Health | 1123 N 9th St Beatrice NB 68310 | (402)228-3386 | (402)228-2004 |
| | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Extended Residential Pre-Treatment Assessment (bio-psychosocial); C | nt - Individual; Adult Non-Residential Services Inte | | |
| Juvenile Services: | Sliding Fee Scale; | o-occurring, Outpatient merapy | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|--|
| Volnek, Ashley | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-8748 | (402)475-6728 |
| Substance Abuse Services: | Adult Residential Services Dual Residential (M | H/SA) | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Zlomke, Leland | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| | Sexually Harm Evaluation; Psychological Évalu Outpatient Therapy - Individual-Mental Health; Mental Health; Outpatient Therapy - Youth Wh | venile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment uation; Outpatient Therapy Outpatient Therapy including Group Sessions-Mental Health; Outpatio o Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: essment: Psychological Evaluation; Assessment: Juvenile Who Sexua | ent Therapy including Pre-Treatment Asses | Family Sessions- ssment (Medicaid); |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---|--|--|---|----------------------|
| Bomberger, Molly | | 5404 Ave I Kearney NB 68847 | (308)293-0954 | (308)233-5216 |
| | | Evaluations; Juvenile Assessment Services Substance Abuse E Co-Occurring; Adults who Sexually Harm Evaluation | valuations | |
| Carlson, Scott | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)658-3737 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| 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 Outpati Services Substance Abuse Evaluations; Juveni | Evaluations; Adult Non-Residential Services Intervention/Educatent - Individual; Adult Non-Residential Services Outpatient - Co le Non-Residential Services Intervention/Education; Juvenile Nor- Individual; Juvenile Non-Residential Services Outpatient - Co- | -Occurring Treatment; Juve on-Residential Services Out | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring; Adults who Sexually Harm Evaluation; Outpatier | nt Therapy | |
| | | Outpatient Therapy including Family Sessions-Mental Health; C t: Pre-Treatment Assessment (Medicaid); Assessment: Mental Co-Occurring | | |
| Other Services: | | | | |
| Florez, Thomas | Thomas B Florez | 403 Lexington Circle Grand Island NB 68803 | (308)370-1667 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outp | Evaluations; Adult Non-Residential Services Outpatient - Family batient - Co-Occurring Treatment; Juvenile Assessment Service hile Non-Residential Services Outpatient - Individual; Juvenile N | s Substance Abuse Evaluat | tions; Juvenile Non- |
| | | Co-Occurring; Adults who Sexually Harm Evaluation; Outpatier | 17 | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Pre-Treatment Assessment (Medicaid); Assess | Outpatient Therapy including Family Sessions-Mental Health; C ment: Co-Occurring | Outpatient Therapy - Co-occ | urring; Assessment: |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---------------------------------|
| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Adults who Sexually Harm Evaluation; Outpatient T | Therapy | |
| Juvenile Services: | | atient Therapy - Individual-Mental Health; Outpatient Therapy inc ental Health; Outpatient Therapy - Eating Disorder; Day Treatme nent: Mental Status Exam (MSE) | | |
| Other Services: | Sliding Fee Scale; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| | | Adults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | | Assessment: Mental Status Exam (MSE); Assessment: Psychology | ogical Evaluation; Assess | ment: Juvenile Who |
| Other Services: | Sexually Harm Risk Assessment | | | |
| lanca lamoa | Community Justice Conter | PO Box 22746 Lincoln NB 68542 | (402)420 1050 | |
| Jones, James | Community Justice Center | | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| 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 | valuations; Adult Non-Residential Services Care Monitoring SA/M ent - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Adult Residential Services | al; Adult Non-Residential ces Dual Residential (MH | Services Outpatient /SA); Adult |
| | Outpatient - Individual; Juvenile Non-Residential | atient - Groups; Juvenile Non-Residential Services Outpatient - F Services Outpatient - Co-Occurring Treatment; Juvenile Non-Res | amily; Juvenile Non-Resi | dential Services |
| Mental Health Services: | SA/MH; Juvenile Non-Residential Services Outpa | atient - Groups; Juvenile Non-Residential Services Outpatient - F Services Outpatient - Co-Occurring Treatment; Juvenile Non-Res | amily; Juvenile Non-Resi | dential Services |
| | SA/MH; Juvenile Non-Residential Services Outpa Outpatient - Individual; Juvenile Non-Residential Treatment Pre-Treatment Assessment (bio-psychosocial); C | atient - Groups; Juvenile Non-Residential Services Outpatient - F Services Outpatient - Co-Occurring Treatment; Juvenile Non-Res | amily; Juvenile Non-Resi | dential Services |

| Name | Agency | Address | Phone | Fax |
|---|---|--|------------------------|---|
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | valuations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Ion-Residential Services Partial Care; Adult Residential Services Dua I Services Short Term Residential | ring Treatment; Adult | t Non-Residential |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| | Adults who Sexually Harm Evaluation; Outpatien | t Therapy Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie | | |
| | Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; In | ental Health; Outpatient Therapy including Family Sessions-Mental H order; Intensive Outpatient: Intensive Outpatient Therapy-Mental Hea ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessm sment: Juvenile Who Sexually Harm Risk Assessment | Ith; Intensive Outpati | ent: Intensive |
| Other Services: | | | | |
| Metoyer, Shaun | B.A.M.B. LLC | 1847 N 17th St Omaha NB 68110 | (402)957-5290 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Rivera, Elia | | 312 North Elm Street Suite 105 Grand Island NB 68801 | (308)383-2208 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Substance Abuse Evaluations; Juvenile Non-Residential Ser uvenile Non-Residential Services Outpatient - Family; Juvenile Non-F 20-Occurring Treatment | dult Non-Residential | Services Outpatient - ducation; Juvenile |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | 0 | | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy - Co-occurring | atient Therapy - Individual-Mental Health; Outpatient Therapy includi | ng Group Sessions-I | Mental Health; |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |

| Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenile Juvenile Non-Residential Services Outpatient - Fa Co-Occurring Treatment; Juvenile Non-Residentia Co-Occurring; Outpatient Therapy Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatier | 3810 Central AVE Kearney NB 68847 aluations; Adult Non-Residential Services Outpatient - Groups; Adult th - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- amily; Juvenile Non-Residential Services Outpatient - Individual; Juve al Services Intensive Outpatient Treatment utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: 4432 Sunrise Place Columbus NB 68601 raluations; Adult Non-Residential Services Intervention/Education; Ad | ing Treatment; Adult Residential Services enile Non-Residentia nt Therapy including | t Non-Residential s Outpatient - Groups; al Services Outpatient - |
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| Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment; Juvenile Juvenile Non-Residential Services Outpatient - Fa Co-Occurring Treatment; Juvenile Non-Residentia Co-Occurring; Outpatient Therapy Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatier | Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- amily; Juvenile Non-Residential Services Outpatient - Individual; Juve al Services Intensive Outpatient Treatment utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: 4432 Sunrise Place Columbus NB 68601 | ing Treatment; Adult Residential Services enile Non-Residentia nt Therapy including Co-Occurring | t Non-Residential s Outpatient - Groups; al Services Outpatient - |
| Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatier | g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: 4432 Sunrise Place Columbus NB 68601 | Co-Occurring | Family Sessions- |
| Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatier | g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: 4432 Sunrise Place Columbus NB 68601 | Co-Occurring | Family Sessions- |
| Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatier | | (402)370-3140 | |
| Serenity Adult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatier | | (402)370-3140 | |
| Groups; Adult Non-Residential Services Outpatier | aluations: Adult Non-Residential Services Intervention/Education: Ad | | |
| Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No adividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abuse n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | | | |
| Mental Health; Outpatient Therapy - Co-occurring | | nt Therapy including | Family Sessions- |
| - | | | |
| Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)865-8738 | |
| Groups; Adult Non-Residential Services Outpatier Co-Occurring Treatment; Juvenile Assessment Se Non-Residential Services Care Monitoring SA/MH Family; Juvenile Non-Residential Services Outpat | ent - Family; Adult Non-Residential Services Outpatient - Individual; A tervices Substance Abuse Evaluations; Juvenile Non-Residential Serv H; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N tient - Individual | dult Non-Residential vices Intervention/Ec lon-Residential Servi | Services Outpatient - ducation; Juvenile |
| Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health | | |
| | | | |
| 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 Se Non-Residential Services Outpatient - Groups; Ju | ent - Family; Adult Non-Residential Services Outpatient - Individual; Au ervices Substance Abuse Evaluations; Juvenile Non-Residential Services uvenile Non-Residential Services Outpatient - Family; Juvenile Non-R to-Occurring Treatment | dult Non-Residential vices Intervention/Ec | Services Outpatient - ducation; Juvenile |
| | Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Wholeness Healing Center PC Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Care Monitoring SA/ME Family; Juvenile Non-Residential Services Outpatie Juvenile Pre-Treatment Assessment (PTA); Pre- Outpatient Therapy - Individual-Mental Health; O Horizon Recovery & Counseling Center Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient S Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - C | Pre-Treatment Assessment (bio-psychosocial); Outpatient Therapy Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid) Sliding Fee Scale; Wholeness Healing Center PC 2608 Oldfair Rd. Grand Island NB 68803 Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Ad Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; A Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual Juvenile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health Horizon Recovery & Counseling Center 835 S Burlington Ste 115 Hastings NB 68901 Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; A Groups; Adult Non-Residential S | Pre-Treatment Assessment (bio-psychosocial); Outpatient Therapy Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Mental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid) Sliding Fee Scale; 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 - Individual; Adult Non-Residential Co-Occurring Treatment; 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 Therapy Juvenile Pre-Treatment Assessment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy (308)383-1622 Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health Horizon Recovery & Counseling Center &35 S Burlington Ste 115 Hastings NB 68901 (308)383-1622 Adult Assessment 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 - Individual-Mental Health; Outpatient - Family; Adult Non-R |

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

| | | Name | Agency | Address | Phone | Fax |
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Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: Co-Occurring

Other Services: Sliding Fee Scale;

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

| Name | Agency | Address | Phone | Fax |
|--|---|---|---|---|
| Bear, Angela | Beacon of Hope Counseling Center LLC | 308 W 4th St North Platte NB 69101 | (308)532-0777 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpa g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal | | |
| Other Services: | Sliding Fee Scale; | | | |
| Brandyberry, Kyle | Heartland Counseling | 110 N Bailey PO Box 1209 North Platte NB 69101 | (308)534-6029 | (308)534-6961 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Juvenile Assessment Se ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occu | I; Adult Non-Residentia ervices Substance Abus Non-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpa g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurrin | atient Therapy including g; Assessment: Pre-Tre | Family Sessions- atment Assessment |
| Chamness, Kristin | Ogallala Counseling PC | 103 East 10th St Ogallala NB 69153 | (308)284-6519 | (308)284-6513 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Family; Activation - Co-Occurring Treatment; Adult Non-Residential Services Ir | | |
| Mental Health Services: Juvenile Services: Other Services: | | Co-Occurring; Outpatient Therapy | | |
| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Adults who Sexually Harm Evaluation; Outpatient T | herapy | |
| | | patient Therapy - Individual-Mental Health; Outpatient Therapy inc lental Health; Outpatient Therapy - Eating Disorder; Day Treatmer nent: Mental Status Exam (MSE) | | |

| Name | Agency | Address | Phone | Fax |
|---|---|---|---|--|
| Hageman, Wendy | Beacon of Hope Counseling Center LLC | 308 W 4th St North Platte NB 69101 | (308)532-0777 | |
| | Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Se Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential Se Services Outpatient - Co-Occurring Treatment | valuations; Adult Non-Residential Services Intervention/Educa es Outpatient - Groups; Adult Non-Residential Services Outp rvices Outpatient - Co-Occurring Treatment; Juvenile Assess Education; Juvenile Non-Residential Services Care Monitoring ervices Outpatient - Family; Juvenile Non-Residential Service | atient - Family; Adult Non-Re sment Services Substance Ab g SA/MH; Juvenile Non-Resid | sidential Services use Evaluations; ential Services |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Health; C rder | Outpatient Therapy including I | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Hill, Jenee | Lotus Counseling LLC | 409 N Jeffers St North Platte NB 69101 | (308)532-5565 | (308)532-5575 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | 0 | vidual; Adult Non-Residential ntial Services Intervention/Ed | Services Outpatient - ucation; Juvenile |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; (| Outpatient Therapy including I | Family Sessions- |
| | | rder; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr | | |
| Other Services: | Mental Health; Outpatient Therapy - Eating Dison Mental Status Exam (MSE); Assessment: Co-Oc | rder; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr | | |
| Other Services: Jones, James | | rder; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr | | |
| | Mental Status Exam (MSE); Assessment: Co-Oc | rder; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre curring | eatment Assessment (Medica | |
| Jones, James | Mental Status Exam (MSE); Assessment: Co-Oc Community Justice Center | rder; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre curring | eatment Assessment (Medica | |
| Jones, James Substance Abuse Services: Mental Health Services: | Mental Status Exam (MSE); Assessment: Co-Oc Community Justice Center | rder; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre ccurring PO Box 22746 Lincoln NB 68542 | eatment Assessment (Medica | |
| Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: | Mental Status Exam (MSE); Assessment: Co-Oc Community Justice Center Outpatient Therapy | rder; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre ccurring PO Box 22746 Lincoln NB 68542 | eatment Assessment (Medica | |
| Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: | Mental Status Exam (MSE); Assessment: Co-Oc Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: | rder; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre ccurring PO Box 22746 Lincoln NB 68542 | eatment Assessment (Medica | |
| Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Starman, Beverly | Mental Status Exam (MSE); Assessment: Co-Oc Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In | rder; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre courring PO Box 22746 Lincoln NB 68542 General Education Class | eatment Assessment (Medica (402)429-1050 (402)370-3140 ation; Adult Non-Residential S vidual; Adult Non-Residential int Services Substance Abuse renile Non-Residential Service | aid); Assessment: Gervices Outpatient - Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Starman, Beverly Substance Abuse Services: | Mental Status Exam (MSE); Assessment: Co-Oc Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | rder; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre courring PO Box 22746 Lincoln NB 68542 General Education Class 4432 Sunrise Place Columbus NB 68601 /aluations; Adult Non-Residential Services Intervention/Educa ent - Family; Adult Non-Residential Services Outpatient - Indix Services Intensive Outpatient Treatment; Juvenile Assessme ; Juvenile Non-Residential Services Outpatient - Groups; Juv ndividual; Juvenile Non-Residential Services Outpatient - Co- | eatment Assessment (Medica (402)429-1050 (402)370-3140 ation; Adult Non-Residential S vidual; Adult Non-Residential int Services Substance Abuse renile Non-Residential Service | aid); Assessment: Gervices Outpatient - Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Starman, Beverly Substance Abuse Services: Mental Health Services: | Mental Status Exam (MSE); Assessment: Co-Oc Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Outpatient Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O | rder; Outpatient Therapy - Co-occurring; Assessment: Pre-Tre courring PO Box 22746 Lincoln NB 68542 General Education Class 4432 Sunrise Place Columbus NB 68601 /aluations; Adult Non-Residential Services Intervention/Educa ent - Family; Adult Non-Residential Services Outpatient - Indix Services Intensive Outpatient Treatment; Juvenile Assessme ; Juvenile Non-Residential Services Outpatient - Groups; Juv ndividual; Juvenile Non-Residential Services Outpatient - Co- | eatment Assessment (Medica (402)429-1050 (402)370-3140 ation; Adult Non-Residential S vidual; Adult Non-Residential nt Services Substance Abuse renile Non-Residential Service Occurring Treatment; Juvenile | aid); Ássessment: Services Outpatient - Services Outpatient - e Evaluations; Juvenil es Outpatient - Family e Non-Residential |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---------------------------|---------------------|
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Inter Residential Services Outpatient - Groups; Juv | Evaluations; Adult Non-Residential Services Outpatient - Groups; A ensive Outpatient Treatment; Juvenile Assessment Services Substa enile Non-Residential Services Outpatient - Individual); Co-Occurring; Adults who Sexually Harm Evaluation; Psychologic | nce Abuse Evaluations; | Juvenile Non- |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Wh | ; Outpatient Therapy including Group Sessions-Mental Health; Outp no Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Out ent Assessment (Medicaid); Assessment: Mental Status Exam (MS sk Assessment; Assessment: Co-Occurring | patient: Intensive Outpat | tient Therapy-Youth |
| Other Services: | Sliding Fee Scale; | | | |
| Sukup, Jennifer | First Step to Freedom | 516 North Dewey, suite 1 North Platte NB 69101 | (308)660-3257 | (800)616-0783 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse | Evaluations; Juvenile Assessment Services Substance Abuse Eval | luations | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) |); Co-Occurring; Adults who Sexually Harm Evaluation; Outpatient 1 | Therapy | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Mer Assessment: Co-Occurring | dicaid); Assessment: Mental Status Exam (MSE); Assessment: Juve | enile Who Sexually Harn | n Risk Assessmen |
| Other Services: | Ū | | | |

Registered Service Providers for County: Keya Paha

| Name | Agency | Add | dress | Phone | Fax |
|---|---|--|--|--|--|
| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB | 68701 | (402)750-9660 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential | ent - Family; Adult Non-Residential | Services Outpatient - Individual; A | Adult Non-Residentia | Services Outpatient - |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Brooks, Cristy | Good Life Counseling & Support | 118 E State St Atkinson NB | 68713 | (402)340-0022 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy Non-Treatment: Intensive Family Preservation; C | Dutpatient Therapy - Individual-Mer | ntal Health; Outpatient Therapy inc | cluding Family Sessio | ons-Mental Health |
| Brown, Nicholas | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 | South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Service | es Outpatient - Groups; Adult Non- | Residential Services Outpatient - | Family; Adult Non-Re | esidential Services |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring; Outpatient Therapy | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | | |
| Davis-Jackson, Sally | Midwest Country Clinic | Box 26 202 East HWY 20 Ba | assett NB 68714 | (402)684-2908 | (402)913-3454 |
| | Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T Pre-Treatment Assessment (bio-psychosocial); C | Services Substance Abuse Evaluati | | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy - Co-occurring; / | Assessment: Co-Occurring | | |
| Hamstra, Emily | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 | South Sioux City NB 69887 | (402)494-3337 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential | es Outpatient - Groups; Adult Non- rvices Outpatient - Co-Occurring T e Evaluations; Juvenile Non-Reside | Residential Services Outpatient - reatment; Adult Non-Residential S | Family; Adult Non-Re Services Intensive Out | esidential Services tpatient Treatment; |

Registered Service Providers for County: Keya Paha

| Name | Agency | Address | Phone | Fax |
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| | Co-Occurring Treatment; Juvenile Non-Residenti Juvenile Pre-Treatment Assessment (PTA); Pre- Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati | amily; Juvenile Non-Residential Services Outpatient - Individual; Ju ial Services Intensive Outpatient Treatment Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatier Treatment: General Education Class; Outpatient Therapy - Individu ient Therapy including Family Sessions-Mental Health; Outpatient T rreatment Day Treatment-Mental Health; Assessment: Pre-Treatm | nt Therapy al-Mental Health; Outj ⁻ herapy - Co-occurrin <u>c</u> | patient Therapy ; Intensive Outpatien |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| | Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; | General Education Class | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Menta apy including Family Sessions-Mental Health; Outpatient Therapy - ient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatie aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foste | Eating Disorder; Outpa ent Therapy-Youth Wh | atient Therapy - Co- to Sexually Harm; |
| Other Services: | | | | |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| Substance Abuse Services: | | cation; Adult Non-Residential Services Outpatient - Groups; Adult N vidual; Adult Non-Residential Services Outpatient - Co-Occurring Tr | | |
| Mental Health Services: Juvenile Services: Other Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Serv ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | Adult Non-Residentia vices Substance Abus Non-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |

Registered Service Providers for County: Keya Paha

| Name | Agency | Address | Phone | Fax |
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| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | Outpatient Therapy including Group Sessions-Mental Health; | Outpatient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | g; Assessment: Pre-Treatment Assessment (Medicaid) | | |
| Sullivan, Michael | Michael Sullivan Counseling | 208 N. 5th St. Norfolk NB 68701-4155 | (402)750-7923 | (402)226-5161 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Grou | | vices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| nt - Individual; Adult Non-Residential Services Outpatient - 0 Dutpatient Therapy | Jo-Occurring Treatment | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Williamson, Michael | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Educ | | |
| | Co-Occurring Treatment | ent - Family, Addit Non Residential Cervices Outpatient - Ind | Wood, Addit Non Residential | Services Outpatient |
| Mental Health Services: | Co-Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C | | indual, Addit Norr Residential | Services Outpatient |
| | Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: Anger Management Class; Outp | Co-Occurring; Outpatient Therapy patient Therapy - Individual-Mental Health; Outpatient Thera lental Health; Outpatient Therapy - Eating Disorder; Outpatie | by including Group Sessions-N | lental Health; |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|---|
| Connor, Shawnda | Christine Karell PC LLO | 815 Flack Ave Alliance NB 69301 | (308)762-2723 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential Services | aluations; Adult Non-Residential Services Intervention/Education; es Outpatient - Groups; Adult Non-Residential Services Outpatien rvices Outpatient - Co-Occurring Treatment; Adult Non-Residentia ducation; Juvenile Non-Residential Services Care Monitoring SA/ ervices Outpatient - Family; Juvenile Non-Residential Services Ou Juvenile Non-Residential Services Intensive Outpatient Treatment | t - Family; Adult Non-Resi Il Services Intensive Outpa MH; Juvenile Non-Reside | dential Services atient Treatment; ntial Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpa ;; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal g | | |
| Other Services: | Sliding Fee Scale; | 5 | | |
| 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; vices Outpatient - Individual | Juvenile Assessment Ser | vices Substance |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpa ; Assessment: Pre-Treatment Assessment (Medicaid); Assessme | | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Crouch, Samuel | Valley Youth Connections | 29 S Beltline HWY W Scottsbluff NB 69361 | (308)225-0500 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy ental Health; Intensive Outpatient: Intensive Outpatient Therapy-N | | |
| Other Services: | Sliding Fee Scale; | | | |
| Crouch, Samuel | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-1488 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; nt - Individual; Juvenile Assessment Services Substance Abuse E Services Outpatient - Groups; Juvenile Non-Residential Services | Evaluations; Juvenile Non- | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Statement of the sta | utpatient Therapy including Group Sessions-Mental Health; Outpatient Assessment (Medicaid); Assessment: Co-Occurring | atient Therapy - Eating Dis | order; Outpatient |
| Other Services: | Sliding Fee Scale; | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |

| Name | Agency | Address | Phone | Fax |
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| Estrada, Marcia | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-2256 | (308)635-1271 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Intervention/Education; Ad tient - Co-Occurring Treatment; Juvenile Assessment Services Subst enile Non-Residential Services Outpatient - Individual; Juvenile Non-F | ance Abuse Evaluat | ions; Juvenile Non- |
| | Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- | | 0, 1 |
| | Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatie ent: Mental Status Exam (MSE); Assessment: Co-Occurring | nt Therapy - Co-occi | 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 | valuations; Juvenile Assessment Services Substance Abuse Evaluation | ons | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- | psychosocial); Co-C | Occurring; Outpatient |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Contract of the second | utpatient Therapy including Family Sessions-Mental Health; Outpatie ient: Mental Status Exam (MSE); Assessment: Co-Occurring | nt Therapy - Co-occi | urring; Assessment: |
| | (| ······································ | | |
| Other Services: | | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Jones, James | | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Jones, James Substance Abuse Services: Mental Health Services: | | | (402)429-1050 | |
| Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy | | (402)429-1050 | |
| Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: 0 | | (402)429-1050 (308)225-4335 | (308)633-2020 |
| Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Raney, Sandra | Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: O Sliding Fee Scale; Open Door Adult Assessment Services Substance Abuse Ev | General Education Class 1870 9th St Gering NB 69341 raluations; Adult Non-Residential Services Outpatient - Individual; Adu ervices Substance Abuse Evaluations; Juvenile Non-Residential Services | (308)225-4335 ult Non-Residential S | Services Outpatient - |
| Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Raney, Sandra Substance Abuse Services: | Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: O Sliding Fee Scale; Open Door Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T | General Education Class 1870 9th St Gering NB 69341 raluations; Adult Non-Residential Services Outpatient - Individual; Adu ervices Substance Abuse Evaluations; Juvenile Non-Residential Services | (308)225-4335 ult Non-Residential S vices Outpatient - Inc | Services Outpatient - dividual; Juvenile Nor |
| Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Raney, Sandra Substance Abuse Services: Mental Health Services: | Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: G Sliding Fee Scale; Open Door Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T Juvenile Pre-Treatment Assessment (PTA); Juve Therapy Non-Treatment: Family Support Worker; Non-Tre Evening Reporting; Non-Treatment: Anger Manag Outpatient Therapy including Group Sessions-Me | General Education Class 1870 9th St Gering NB 69341 raluations; Adult Non-Residential Services Outpatient - Individual; Adu services Substance Abuse Evaluations; Juvenile Non-Residential Services for the services of the | (308)225-4335 ult Non-Residential S vices Outpatient - Inc psychosocial); Co-C ent: Day Reporting; Therapy - Individual- ealth; Outpatient The | Services Outpatient - dividual; Juvenile Nor Occurring; Outpatient Non-Treatment: -Mental Health; erapy - Co-occurring; |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---|
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| 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/Edu ent - Family; Adult Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile Assessm ; Juvenile Non-Residential Services Outpatient - Groups; Ju adividual; Juvenile Non-Residential Services Outpatient - C | dividual; Adult Non-Residential S nent Services Substance Abuse uvenile Non-Residential Services | ervices Outpatient Evaluations; Juveni s Outpatient - Famil |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health g; Assessment: Pre-Treatment Assessment (Medicaid) | ; Outpatient Therapy including F | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Gro ive Outpatient Treatment; Juvenile Assessment Services S le Non-Residential Services Outpatient - Individual co-Occurring; Adults who Sexually Harm Evaluation; Psych | ubstance Abuse Evaluations; Ju | venile Non- |
| | Outpatient Therapy - Individual-Mental Health; Ou | | · Outpatient Thereny including E | |

| Name | Agency | Address | Phone | Fax |
|---|--|---|---|---|
| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I | dult Non-Residential | Services Outpatient |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Other Services: | Sliding Fee Scale; | | | |
| Barritt, Samantha | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| Substance Abuse Services: | Adult Non-Residential Services Care Monitoring Family; Adult Non-Residential Services Outpatien 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-Reside SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult N nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Residential Services Dual Residential (MH/SA); Adult Residential Services ions; Juvenile Non-Residential Services Intervention/Education; Juven vices Outpatient - Groups; Juvenile Non-Residential Services Outpatient esidential Services Outpatient - Co-Occurring Treatment; Juvenile No | on-Residential Servi ring Treatment; Adul vices Short Term Res nile Non-Residential ient - Family; Juveni | ces Outpatient - t Non-Residential sidential; Juvenile Services Care le Non-Residential |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M | atient Therapy - Individual-Mental Health; Outpatient Therapy includi ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera ensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assess | py - Co-occurring; In | tensive Outpatient: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Brostad, Greg | Resolution Treatment Services | 505 5th Street Suite #225 Sioux city IA 51101 | (515)493-4787 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Intensive Outpatient: Intensive Outpatient Therap Exam (MSE); Assessment: Juvenile Who Sexual | utpatient Therapy including Group Sessions-Mental Health; Outpatien by-Youth Who Sexually Harm; Assessment: Pre-Treatment Assessme Iv Harm Risk Assessment | nt Therapy - Youth V ent (Medicaid); Asse | Vho Sexually Harm; ssment: Mental Statu |
| Other Services: | | | | |
| Cattau, Jeanne | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie Health; Assessment: Pre-Treatment Assessment (Medicaid); Assess | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|---|
| Custer, Janet | Ponca Tribe of Nebraska | 1800 Syracuse Ave Norfolk NB 68701 | (402)649-6058 | (402)379-0988 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Individual; | Adult Non-Residential S | ervices Outpatient - |
| Mental Health Services: | Co-Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| DeWalt, Jennifer | Jennifer S. DeWalt | 302 South 13 Street Norfolk NB 68701-4963 | (402)649-8366 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Dorcey, Alicia | Grace Counseling Services, LLC. | P.O. Box 281 Wayne NB 68787 | (402)518-0490 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | l; Adult Non-Residential Services Intervention/Ed | Services Outpatient - lucation; Juvenile |
| | Mental Health; Outpatient Therapy - Eating Disor Intensive Outpatient: Intensive Outpatient Therap Assessment: Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpa der; Outpatient Therapy - Co-occurring; Intensive Outpatient: Inte by-Co-occurring; Assessment: Pre-Treatment Assessment (Medica | nsive Outpatient Therap | y-Mental Health; |
| Other Services: | Sliding Fee Scale; | | | |
| Gadeken, Angela | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations; Juvenile Assessment Services Substance Abuse Evalu | ations | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| | | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy Therapy - Co-occurring; Assessment: Pre-Treatment Assessmen | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Hamstra, Emily | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | |
| | Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residenti Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential S e Evaluations; Juvenile Non-Residential Services Intervention/Educat al Services Outpatient - Groups; Juvenile Non-Residential Services C enile Non-Residential Services Outpatient - Co-Occurring Treatment; | Family; Adult Non-Res ervices Intensive Outp ion; Juvenile Non-Resi Dutpatient - Family; Juv Juvenile Non-Residen | idential Services atient Treatment; dential Services venile Non- |
| | | Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient | | |
| Juvenile Services: | including Group Sessions-Mental Health; Outpat | Treatment: General Education Class; Outpatient Therapy - Individua ient Therapy including Family Sessions-Mental Health; Outpatient Th / Treatment Day Treatment-Mental Health; Assessment: Pre-Treatme | erapy - Co-occurring; I | ntensive Outpatien |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Hergott, Mariah | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services | | dult Non-Residential S Abuse Evaluations; Juv | ervices Intensive enile Non- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | nt Therapy including Face and the second s | amily Sessions- ment Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologic | al Evaluation; Assessn | nent: Juvenile Who |
| Other Services: | | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor-Residential Services Outpatient - Co-Occurring; Outpatient Therapy | dult Non-Residential ces Substance Abus on-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| Juvenile Services: Other Services: | Individual-Mental Health; Outpatient Therapy incl | on-Treatment: Anger Management Class; Non-Treatment: General E uding Group Sessions-Mental Health; Outpatient Therapy including I ensive Outpatient Therapy-Mental Health; Intensive Outpatient: Inten aid); Assessment: Co-Occurring | Family Sessions-Mer | ntal Health; Outpatient |
| | | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental py including Family Sessions-Mental Health; Outpatient Therapy - E ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatier aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ating Disorder; Outpa nt Therapy-Youth Wh | atient Therapy - Co- to Sexually Harm; |
| Other Services: | | | | |
| Milander-Mace, Amanda | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre-T | Treatment Assessment (bio-psychosocial); Outpatient Therapy | | |
| Juvenile Services: | | on-Treatment: Anger Management Class; Outpatient Therapy - Indivient Therapy - Indivient Therapy - Eating Disorder; Assessment: Pre-Treatment Assess | | Outpatient Therapy |
| Other Services: | | | | |
| Millard, Laurie | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | Putpatient Therapy | | |
| Juvenile Services: | Supervised Visitation; Non-Treatment: Day Repo Education Class; Outpatient Therapy - Individual- Family Sessions-Mental Health; Outpatient Thera | atment: Tracker (Except Douglas County); Non-Treatment: Intensive rting; Non-Treatment: Evening Reporting; Non-Treatment: Anger Ma Mental Health; Outpatient Therapy including Group Sessions-Menta py - Eating Disorder; Community Treatment Aide; Intensive Outpatie - Eating Disorder; Intensive Outpatient: Intensive Outpatient Therapy Mental Status Exam (MSE); | nagement Class; No I Health; Outpatient ⁻ ent: Intensive Outpati | n-Treatment: General Therapy including ent Therapy-Mental |

| Name | Agency | Address | Phone | Fax |
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| | Contracted Services: Tracker; Contracted Servi | ces: Electronic Monitoring | | |
| Other Services: | Bilingual Services; | | | |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| Substance Abuse Services: | | ucation; Adult Non-Residential Services Outpatient - Groups; <i>I</i> ividual; Adult Non-Residential Services Outpatient - Co-Occur | | |
| Mental Health Services: Juvenile Services: Other Services: | Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring; Outpatient Therapy | | |
| Ohde, Ashton | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | Outpatient Therapy - Individual-Mental Health; Outpatient The Mental Health; Outpatient Therapy - Eating Disorder | rapy including Group Session | s-Mental Health; |
| 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: | Serenity Adult Emergency Services Social Detox; Adult A Non-Residential Services Outpatient - Family; A Treatment; Adult Non-Residential Services Inter Substance Abuse Evaluations; Juvenile Non-Re Residential Services Outpatient - Individual; Juv Intensive Outpatient Treatment | Assessment Services Substance Abuse Evaluations; Adult No Adult Non-Residential Services Outpatient - Individual; Adult N nsive Outpatient Treatment; Adult Residential Services Short esidential Services Outpatient - Groups; Juvenile Non-Resider venile Non-Residential Services Outpatient - Co-Occurring Tre | n-Residential Services Outpar on-Residential Services Outpar Term Residential; Juvenile As ntial Services Outpatient - Far | tient - Groups; Adult atient - Co-Occurring sessment Services nily; Juvenile Non- |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Serenity Adult Emergency Services Social Detox; Adult A Non-Residential Services Outpatient - Family; A Treatment; Adult Non-Residential Services Inter Substance Abuse Evaluations; Juvenile Non-Re Residential Services Outpatient - Individual; Juv Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurrin (Medicaid); Assessment: Mental Status Exam (f | Assessment Services Substance Abuse Evaluations; Adult No Adult Non-Residential Services Outpatient - Individual; Adult N nsive Outpatient Treatment; Adult Residential Services Short esidential Services Outpatient - Groups; Juvenile Non-Resider | n-Residential Services Outpar on-Residential Services Outpar Term Residential; Juvenile As ntial Services Outpatient - Farr eatment; Juvenile Non-Resider Outpatient Therapy including F curring; Assessment: Pre-Trea | tient - Groups; Adult atient - Co-Occurring sessment Services hily; Juvenile Non- ntial Services Family Sessions- |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Serenity Adult Emergency Services Social Detox; Adult A Non-Residential Services Outpatient - Family; A Treatment; Adult Non-Residential Services Inter Substance Abuse Evaluations; Juvenile Non-Re Residential Services Outpatient - Individual; Juv Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | Assessment Services Substance Abuse Evaluations; Adult No Adult Non-Residential Services Outpatient - Individual; Adult No nsive Outpatient Treatment; Adult Residential Services Short esidential Services Outpatient - Groups; Juvenile Non-Resider venile Non-Residential Services Outpatient - Co-Occurring Tre Co-Occurring; Psychological Evaluation; Outpatient Therapy Outpatient Therapy including Group Sessions-Mental Health; On ng; Intensive Outpatient: Intensive Outpatient Therapy-Co-occ | n-Residential Services Outpar on-Residential Services Outpar Term Residential; Juvenile As ntial Services Outpatient - Farr eatment; Juvenile Non-Resider Outpatient Therapy including F curring; Assessment: Pre-Trea | tient - Groups; Adult atient - Co-Occurring sessment Services hily; Juvenile Non- ntial Services Family Sessions- |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Starman, Beverly | Serenity Adult Emergency Services Social Detox; Adult A Non-Residential Services Outpatient - Family; A Treatment; Adult Non-Residential Services Inter Substance Abuse Evaluations; Juvenile Non-Re Residential Services Outpatient - Individual; Juv Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurrin (Medicaid); Assessment: Mental Status Exam (f Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity | Assessment Services Substance Abuse Evaluations; Adult No Adult Non-Residential Services Outpatient - Individual; Adult No nsive Outpatient Treatment; Adult Residential Services Short esidential Services Outpatient - Groups; Juvenile Non-Resider venile Non-Residential Services Outpatient - Co-Occurring Tre Co-Occurring; Psychological Evaluation; Outpatient Therapy Outpatient Therapy including Group Sessions-Mental Health; On ng; Intensive Outpatient: Intensive Outpatient Therapy-Co-occ MSE); Assessment: Psychological Evaluation; Assessment: C 4432 Sunrise Place Columbus NB 68601 | n-Residential Services Outpat on-Residential Services Outpat Term Residential; Juvenile As ntial Services Outpatient - Fam eatment; Juvenile Non-Resider Outpatient Therapy including F curring; Assessment: Pre-Trea o-Occurring (402)370-3140 | tient - Groups; Adult atient - Co-Occurring sessment Services hily; Juvenile Non- ntial Services Family Sessions- tment Assessment |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Starman, Beverly Substance Abuse Services: | Serenity Adult Emergency Services Social Detox; Adult A Non-Residential Services Outpatient - Family; A Treatment; Adult Non-Residential Services Inter Substance Abuse Evaluations; Juvenile Non-Res Residential Services Outpatient - Individual; Juvenile Non-Residential Health; O Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Mental Status Exam (I Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse E Groups; Adult Non-Residential Services Outpatient Non-Residential Services Intervention/Education | Assessment Services Substance Abuse Evaluations; Adult No Adult Non-Residential Services Outpatient - Individual; Adult No adult Non-Residential Services Outpatient - Individual; Adult No esidential Services Outpatient - Groups; Juvenile Non-Resider venile Non-Residential Services Outpatient - Co-Occurring Tree Co-Occurring; Psychological Evaluation; Outpatient Therapy Outpatient Therapy including Group Sessions-Mental Health; G ng; Intensive Outpatient: Intensive Outpatient Therapy-Co-occ MSE); Assessment: Psychological Evaluation; Assessment: C 4432 Sunrise Place Columbus NB 68601 Evaluations; Adult Non-Residential Services Intervention/Educa- ient - Family; Adult Non-Residential Services Outpatient - Indi- I Services Intensive Outpatient Treatment; Juvenile Assessme n; Juvenile Non-Residential Services Outpatient - Groups; Juv- Individual; Juvenile Non-Residential Services Outpatient - Co- | n-Residential Services Outpat on-Residential Services Outpat Term Residential; Juvenile As tial Services Outpatient - Farr eatment; Juvenile Non-Residen Outpatient Therapy including F curring; Assessment: Pre-Trea o-Occurring (402)370-3140 ation; Adult Non-Residential S vidual; Adult Non-Residential S vidual; Adult Non-Residential Services Yenile Non-Residential Service | tient - Groups; Adult atient - Co-Occurring sessment Services hily; Juvenile Non- ntial Services Family Sessions- tment Assessment rervices Outpatient - Services Outpatient Evaluations; Juveni so Outpatient - Famil |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sessions-Mental Health; Outpatient Therapy - Co Sliding Fee Scale; | b-occurring; Assessment: Pre-Treatment Assessment (Medicaid) | | |
| Sullivan, Michael | Michael Sullivan Counseling | 208 N. 5th St. Norfolk NB 68701-4155 | (402)750-7923 | (402)226-5161 |
| | | raluations; Adult Non-Residential Services Outpatient - Groups; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occi Outpatient Therapy | | vices Outpatient - |
| Swantek, Mallory | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)371-3044 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual; rvices Intervention/Education; Juvenile Non-Residential Services O | Juvenile Assessment S | Services Substance |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Assessm | nent: Pre-Treatment Assessment (Medicaid) | | |
| Other Services: | | | | |
| Wagner, Alicia | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| 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 - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Ser ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile I adividual; Juvenile Non-Residential Services Outpatient - Co-Occur | Adult Non-Residential vices Substance Abuse Non-Residential Service | Services Outpatient - Evaluations; Juvenil s Outpatient - Family |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpat g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring | | |
| | - | | | <i></i> |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Se Juvenile Non-Residential Services Intervention/E | valuations; Adult Non-Residential Services Intervention/Education; as Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment ducation; Juvenile Non-Residential Services Outpatient - Groups; , batient - Individual; Juvenile Non-Residential Services Outpatient - | Family; Adult Non-Res Services Substance Abi Juvenile Non-Residentia | sidential Services use Evaluations; al Services Outpatier |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (b | io-psychosocial); Co-Oo | ccurring; Outpatient |

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

| NameAgencyAddressPhone | Fax | Fax |
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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;

| Name | Agency | Address | Phone | Fax |
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| Alexis, Geraldine | Charles Drew Health Center | 2916 Grant Street Omaha NB 68111 | (402)281-4092 | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/Ed Outpatient - Groups; Juvenile Non-Residential Se Services Outpatient - Co-Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Education; Associations; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Outpatient - Co-Occurring Services Care Monitoring SA/M ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential | - Family; Adult Non-Resi Services Substance Abu IH; Juvenile Non-Reside | dential Services se Evaluations; ntial Services |
| | Pre-Treatment Assessment (bio-psychosocial); C | 5 , 1 | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpati g; Community Treatment Aide; Assessment: Pre-Treatment Assess | | |
| Other Services: | Sliding Fee Scale; | | | |
| Alexis, Geraldine | Charles Drew Health Center | 2916 Grant Street Omaha NB 68111 | (402)281-4092 | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/Ed Outpatient - Groups; Juvenile Non-Residential Se Services Outpatient - Co-Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Education; As Soutpatient - Groups; Adult Non-Residential Services Outpatient - vices Outpatient - Co-Occurring Treatment; Juvenile Assessment S ducation; Juvenile Non-Residential Services Care Monitoring SA/M ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient in Occurring; Outpatient Therapy | - Family; Adult Non-Resi Services Substance Abu IH; Juvenile Non-Reside | dential Services se Evaluations; ntial Services |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpati g; Community Treatment Aide; Assessment: Pre-Treatment Assess | | |
| Other Services: | Sliding Fee Scale; | | | |
| Alfrey , Kerry | Kerry L Alfrey LLC | 403 Lexington Circle Grand Island NB 68803 | (402)335-7908 | |
| | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu to-Occurring; Adults who Sexually Harm Evaluation; Outpatient The | urring Treatment | ces Outpatient - |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpati Sexually Harm; Outpatient Therapy - Co-occurring; Assessment: Pr sment: Juvenile Who Sexually Harm Risk Assessment; Assessmen | e-Treatment Assessmer | |
| Other Services: | | | | |
| Alfrey , Kerry | Kerry L Alfrey LLC | 403 Lexington Circle Grand Island NB 68803 | (402)335-7908 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adu | | ces Outpatient - |
| Mental Health Services: | | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu to-Occurring; Adults who Sexually Harm Evaluation; Outpatient The | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpati Sexually Harm; Outpatient Therapy - Co-occurring; Assessment: Pr | ent Therapy including Fa | amily Sessions- |

| Name | Agency | Address | Phone | Fax |
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| | Assessment (Medicaid); Assessment: Mental Sta | atus Exam (MSE); Assessment: Juvenile Who Sexually Harm Risk | Assessment; Assessm | nent: Co-Occurring |
| Other Services: | | | | |
| Allen, Jessica | The Bridge Behavioral Health Inc | 721 K St. Lincoln NB 68508 | (402)477-3951 | (402)477-3922 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations; Adult Residential Services Extended Residential; Adult F | Residential Services S | hort Term Residential |
| Mental Health Services: Juvenile Services: Other Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| Allen, Jessica | The Bridge Behavioral Health Inc | 721 K St. Lincoln NB 68508 | (402)477-3951 | (402)477-3922 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations; Adult Residential Services Extended Residential; Adult R | Residential Services S | hort Term Residential |
| Mental Health Services: Juvenile Services: Other Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| Arsiaga, Tina | Connecting Links | 421 S 9th St Ste 107 Lincoln NB 68508 | (402)310-3816 | (402)438-3204 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S 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 I individual; Juvenile Non-Residential Services Outpatient - Co-Occur Co-Occurring; Outpatient Therapy | Adult Non-Residentia vices Substance Abus Non-Residential Servio | l Services Outpatient - e Evaluations; Juvenil ces Outpatient - Family |
| | Non-Treatment: Anger Management Class; Non- Sessions-Mental Health; Outpatient Therapy inclu Intensive Outpatient: Intensive Outpatient Therap | Treatment: Mentoring; Outpatient Therapy - Individual-Mental Heal uding Family Sessions-Mental Health; Outpatient Therapy - Eating by-Mental Health; Intensive Outpatient: Intensive Outpatient- Eating Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring | Disorder; Outpatient 1 | herapy - Co-occurring |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Arsiaga, Tina | Connecting Links | 421 S 9th St Ste 107 Lincoln NB 68508 | (402)310-3816 | (402)438-3204 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | valuations; Adult Non-Residential Services Intervention/Education; , ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Ser ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile I ndividual; Juvenile Non-Residential Services Outpatient - Co-Occur Co-Occurring; Outpatient Therapy | Adult Non-Residentia vices Substance Abus Non-Residential Servio | I Services Outpatient - e Evaluations; Juvenil ces Outpatient - Family |

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | Sessions-Mental Health; Outpatient Therapy inclu Intensive Outpatient: Intensive Outpatient Therap | Treatment: Mentoring; Outpatient Therapy - Individual-Mental Heal uding Family Sessions-Mental Health; Outpatient Therapy - Eating py-Mental Health; Intensive Outpatient: Intensive Outpatient- Eating Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring | Disorder; Outpatient Th Disorder; Intensive Ou | erapy - Co-occurring |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Atwater, Ki-raka | Released and Restored | PO Box 22962 Lincoln NB 68542 | (402)806-0565 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Atwater, Ki-raka | Released and Restored | PO Box 22962 Lincoln NB 68542 | (402)806-0565 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Bailey, Frank | Bailey Counseling Services | 1941 South 42nd Street Suite 538 Omaha NB 68105 | (402)504-3242 | (402)504-3882 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; , ent - Individual; Adult Non-Residential Services Intensive Outpatien sidential Services Outpatient - Groups; Juvenile Non-Residential Services | t Treatment; Juvenile As | ssessment Services |
| Mental Health Services: | Co-Occurring; Adults who Sexually Harm Evaluat | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpat g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health ent Assessment (Medicaid); Assessment: Co-Occurring | tient Therapy including F h; Intensive Outpatient: | Family Sessions- Intensive Outpatient |
| Other Services: | Sliding Fee Scale; | J | | |
| Bailey, Frank | Bailey Counseling Services | 1941 South 42nd Street Suite 538 Omaha NB 68105 | (402)504-3242 | (402)504-3882 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; ent - Individual; Adult Non-Residential Services Intensive Outpatien sidential Services Outpatient - Groups; Juvenile Non-Residential Se nent | t Treatment; Juvenile As | ssessment Services |
| | Co-Occurring; Adults who Sexually Harm Evaluat | | | |
| luvenile Services | Outpatient Therapy - Individual-Mental Health: O | utpatient Therapy including Group Sessions-Mental Health; Outpat | tient Therapy including I | amily Sessions- |
| | Mental Health; Outpatient Therapy - Co-occurring | g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health ent Assessment (Medicaid); Assessment: Co-Occurring | h; Intensive Outpatient: | Intensive Outpatient |

| Name | Agency | Address | Phone | Fax |
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| Bakare, Sheryl | 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: Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| Bakare, Sheryl | 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: Juvenile Services: Other Services: | Medication Evaluation Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| 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 | aluations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpatien rvices Outpatient - Co-Occurring Treatment; Adult Non-Residentia | t - Family; Adult Non-Re | esidential Services |
| | Care Monitoring SA/MH; Juvenile Non-Residentia | Evaluations; Juvenile Non-Residential Services Intervention/Edu al Services Outpatient - Groups; Juvenile Non-Residential Service nile Non-Residential Services Outpatient - Co-Occurring Treatme | cation; Juvenile Non-Re s Outpatient - Family; J | sidential Services |
| Mental Health Services: | Care Monitoring SA/MH; Juvenile Non-Residentia | Evaluations; Juvenile Non-Residential Services Intervention/Edu al Services Outpatient - Groups; Juvenile Non-Residential Services nile Non-Residential Services Outpatient - Co-Occurring Treatme | cation; Juvenile Non-Re s Outpatient - Family; J | sidential Services |
| | Care Monitoring SA/MH; Juvenile Non-Residentia Residential Services Outpatient - Individual; Juve Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Intensive Outpatient Therapy-Mental Health; Inte | Evaluations; Juvenile Non-Residential Services Intervention/Edu al Services Outpatient - Groups; Juvenile Non-Residential Services onle Non-Residential Services Outpatient - Co-Occurring Treatme Co-Occurring; Outpatient Therapy atient Therapy - Individual-Mental Health; Outpatient Therapy incl ental Health; Outpatient Therapy - Eating Disorder; Outpatient Th nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Ass | cation; Juvenile Non-Re s Outpatient - Family; J nt uding Group Sessions-I erapy - Co-occurring; In | sidential Services uvenile Non- Mental Health; tensive Outpatient |
| Juvenile Services: | Care Monitoring SA/MH; Juvenile Non-Residentia Residential Services Outpatient - Individual; Juve Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M | Evaluations; Juvenile Non-Residential Services Intervention/Edu al Services Outpatient - Groups; Juvenile Non-Residential Services onle Non-Residential Services Outpatient - Co-Occurring Treatme Co-Occurring; Outpatient Therapy atient Therapy - Individual-Mental Health; Outpatient Therapy incl ental Health; Outpatient Therapy - Eating Disorder; Outpatient Th nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Ass | cation; Juvenile Non-Re s Outpatient - Family; J nt uding Group Sessions-I erapy - Co-occurring; In | sidential Services uvenile Non- Mental Health; tensive Outpatient |
| Juvenile Services: | Care Monitoring SA/MH; Juvenile Non-Residentia Residential Services Outpatient - Individual; Juve Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Intensive Outpatient Therapy-Mental Health; Inte (Medicaid); Assessment: Mental Status Exam (M | Evaluations; Juvenile Non-Residential Services Intervention/Edu al Services Outpatient - Groups; Juvenile Non-Residential Services onle Non-Residential Services Outpatient - Co-Occurring Treatme Co-Occurring; Outpatient Therapy atient Therapy - Individual-Mental Health; Outpatient Therapy incl ental Health; Outpatient Therapy - Eating Disorder; Outpatient Th nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Ass | cation; Juvenile Non-Re s Outpatient - Family; J nt uding Group Sessions-I erapy - Co-occurring; In | sidential Services uvenile Non- Mental Health; tensive Outpatient |
| Juvenile Services: Other Services: Barrett-McClendon, | Care Monitoring SA/MH; Juvenile Non-Residentia Residential Services Outpatient - Individual; Juve Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-Mu Intensive Outpatient Therapy-Mental Health; Inte (Medicaid); Assessment: Mental Status Exam (M Sliding Fee Scale; Complete Family Treatment Services Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential | Evaluations; Juvenile Non-Residential Services Intervention/Edu al Services Outpatient - Groups; Juvenile Non-Residential Services enle Non-Residential Services Outpatient - Co-Occurring Treatme Co-Occurring; Outpatient Therapy atient Therapy - Individual-Mental Health; Outpatient Therapy incl ental Health; Outpatient Therapy - Eating Disorder; Outpatient Th nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Ass SE); Assessment: Co-Occurring | cation; Juvenile Non-Re s Outpatient - Family; J nt uding Group Sessions-I erapy - Co-occurring; In essment: Pre-Treatmer (888)405-8738 Adult Non-Residential t - Family; Adult Non-Re I Services Intensive Ou cation; Juvenile Non-Re s Outpatient - Family; J | sidential Services uvenile Non- Mental Health; tensive Outpatient t Assessment (402)817-4894 Services Care esidential Services tpatient Treatment isidential Services |
| Juvenile Services: Other Services: Barrett-McClendon, Substance Abuse Services: | Care Monitoring SA/MH; Juvenile Non-Residentia Residential Services Outpatient - Individual; Juve Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-Mu Intensive Outpatient Therapy-Mental Health; Inte (Medicaid); Assessment: Mental Status Exam (M Sliding Fee Scale; Complete Family Treatment Services Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential | Evaluations; Juvenile Non-Residential Services Intervention/Edu al Services Outpatient - Groups; Juvenile Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatme Co-Occurring; Outpatient Therapy atient Therapy - Individual-Mental Health; Outpatient Therapy incle ental Health; Outpatient Therapy - Eating Disorder; Outpatient Th nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Ass SE); Assessment: Co-Occurring 10846 John Galt Blvd Omaha NB 68137 raluations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Residentia Evaluations; Juvenile Non-Residential Services Intervention/Education al Services Outpatient - Groups; Juvenile Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Juvenile Non-Residential Services Intervention/Education enile Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education enile Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services en | cation; Juvenile Non-Re s Outpatient - Family; J nt uding Group Sessions-I erapy - Co-occurring; In essment: Pre-Treatmer (888)405-8738 Adult Non-Residential t - Family; Adult Non-Re I Services Intensive Ou cation; Juvenile Non-Re s Outpatient - Family; J | sidential Services uvenile Non- Mental Health; tensive Outpatient t Assessment (402)817-4894 Services Care esidential Services tpatient Treatment isidential Services |
| Juvenile Services: Other Services: Barrett-McClendon, Substance Abuse Services: Mental Health Services: | Care Monitoring SA/MH; Juvenile Non-Residentia Residential Services Outpatient - Individual; Juve Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-Mu Intensive Outpatient Therapy-Mental Health; Inte (Medicaid); Assessment: Mental Status Exam (M Sliding Fee Scale; Complete Family Treatment Services Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Service Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential Residential Services Outpatient - Individual; Juve Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-Mu | Evaluations; Juvenile Non-Residential Services Intervention/Edu al Services Outpatient - Groups; Juvenile Non-Residential Services nile Non-Residential Services Outpatient - Co-Occurring Treatme Co-Occurring; Outpatient Therapy atient Therapy - Individual-Mental Health; Outpatient Therapy inclental Health; Outpatient Therapy - Eating Disorder; Outpatient Th nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Ass SE); Assessment: Co-Occurring 10846 John Galt Blvd Omaha NB 68137 aluations; Adult Non-Residential Services Intervention/Education; so Outpatient - Groups; Adult Non-Residential Services Outpatient evaluations; Juvenile Non-Residential Services Intervention/Education; so Outpatient - Co-Occurring Treatment; Adult Non-Residentia Evaluations; Juvenile Non-Residential Services Intervention/Education evices Outpatient - Groups; Juvenile Non-Residential Services inile Non-Residential Services Outpatient Services inile Non-Residential Services Outpatient - Co-Occurring Treatment; Co-Occurring; Outpatient Therapy atient Therapy - Individual-Mental Health; Outpatient Therapy incle ental Health; Outpatient Therapy - Eating Disorder; Outpatient Th nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Ass | cation; Juvenile Non-Re s Outpatient - Family; J nt uding Group Sessions-I erapy - Co-occurring; In essment: Pre-Treatmer (888)405-8738 Adult Non-Residential t - Family; Adult Non-Re I Services Intensive Ou cation; Juvenile Non-Re s Outpatient - Family; J nt uding Group Sessions-I erapy - Co-occurring; In | Sidential Services uvenile Non- Mental Health; tensive Outpatient it Assessment (402)817-4894 Services Care esidential Services tpatient Treatment isidential Services uvenile Non- Mental Health; tensive Outpatient |

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|------------------------|--|
| 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; Juvenil | valuations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu le Assessment Services Substance Abuse Evaluations; Juvenile Non Family; Juvenile Non-Residential Services Outpatient - Individual; Juv ial Services Intensive Outpatient Treatment | rring Treatment; Adult | Non-Residential |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; C | Dutpatient Therapy including Group Sessions-Mental Health | | |
| Other Services: | | | | |
| 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; Juvenil | valuations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu le Assessment Services Substance Abuse Evaluations; Juvenile Nor Family; Juvenile Non-Residential Services Outpatient - Individual; Juv ial Services Intensive Outpatient Treatment | rring Treatment; Adult | t Non-Residential s Outpatient - Groups |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; C | Dutpatient Therapy including Group Sessions-Mental Health | | |
| Other Services: | | | | |
| Becker, Michael | Lancaster County Adult Drug Court | 605 S 10th Street Lincoln NB 68508 | (402)441-7616 | (402)759-3803 |
| | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatie | ent Therapy including | Family Sessions- |
| Other Services: | | | | |
| Becker, Michael | Lancaster County Dept of Community Corrections | 605 S 10th St Ste B-131 Lincoln NB 68508 | (402)441-7616 | |
| Substance Abuse Services: | | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

Other Services:

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|---------------------------|--|--|--|---|
| Name | Agency | Address | Phone | Fax |
| Becker, Michael | Lancaster County Adult Drug Court | 605 S 10th Street Lincoln NB 68508 | (402)441-7616 | (402)759-3803 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult it - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| | Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatier | t Therapy including | Family Sessions- |
| Other Services: | | | | |
| Becker, Michael | Lancaster County Dept of Community Corrections | 605 S 10th St Ste B-131 Lincoln NB 68508 | (402)441-7616 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | utpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Beideck, Lynn | | 1203 High Street Lincoln NB 68502 | (402)560-9558 | (402)742-6486 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; 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-Occurring o-Occurring; Crisis Phone Line; Outpatient Therapy | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient Evaluations; Juveni es Outpatient - Famil |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | | Family Sagaiana |
| Suvernie Services. | Mental Health; Outpatient Therapy - Co-occurring | intensive Outpatient: Intensive Outpatient Therapy-Mental Health, Outpatient ent 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 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | | o-Occurring; Crisis Phone Line; Outpatient Therapy | | |
| 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) | | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; | | | |
| Bell, Antoinette | New Balance Counseling | 6415 Ames Ave Suite B Omaha NB 68104 | (402)709-9849 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential S ces Substance Abuse I on-Residential Services ng Treatment; Juvenile | ervices Outpatient - Evaluations; Juvenile Outpatient - Family; Non-Residential |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy; Mental Health Intensive Management | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio | -psychosocial); Co-Oc | curring; Outpatient |
| Juvenile Services: | | y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- tus Exam (MSE) | -Co-occurring; Assessr | nent: 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; Ac nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential S ces Substance Abuse I on-Residential Services | ervices Outpatient - Evaluations; Juvenile Outpatient - Family; |
| Mental Health Services: | · · · · · · · · · · · · · · · · · · · | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio | -psychosocial); Co-Oc | curring; Outpatient |
| Juvenile Services: | | y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- tus Exam (MSE) | -Co-occurring; Assessr | nent: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Bernard, David | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential S ces Substance Abuse I on-Residential Services | ervices Outpatient - Evaluations; Juvenile Outpatient - Family; |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy inc ental Health; Intensive Outpatient: Intensive Outpatient Therapy-Mer | | -Mental Health; |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|--|
| Bernard, David | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | |
| | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl ental Health; Intensive Outpatient: Intensive Outpatient Therapy-Men | | ns-Mental Health; |
| Other Services: | Outpatient Therapy including Family Sessions-Me | ental Health, intensive Outpatient. Intensive Outpatient Therapy-wen | | |
| | | | | |
| Betka, Cindy | FGH Inc | 942 N 13th St. Geneva NB 68361 | (402)879-5959 | (402)759-3803 |
| | Groups; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual | ult Non-Residential \$ | Services Outpatient - |
| | Pre-Treatment Assessment (bio-psychosocial); O | | | |
| | including Group Sessions-Mental Health; Outpatie | Treatment: General Education Class; Outpatient Therapy - Individual ent Therapy including Family Sessions-Mental Health; Outpatient The ent Assessment (Medicaid); Assessment: Co-Occurring | | |
| Betka, Cindy | FGH Inc | 942 N 13th St. Geneva NB 68361 | (402)879-5959 | (402)759-3803 |
| | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual utratient Therapy | ult Non-Residential \$ | Services Outpatient - |
| | 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 ient Assessment (Medicaid); Assessment: Co-Occurring | | |
| 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 - Co-C | ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Re Occurring Treatment; Juvenile Non-Residential Services Outpatient - C rvices Outpatient - Individual; Juvenile Non-Residential Services Outp | Groups; Juvenile No | n-Residential Service |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; O Outpatient Therapy including Family Sessions-Me Assessment: Co-Occurring | utpatient Therapy - Individual-Mental Health; Outpatient Therapy inclental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr | uding Group Sessior eatment Assessmen | ns-Mental Health; t (Medicaid); |
| Other Services: | Assessment. OU-Occurring | | | |

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|---------------------------------------|---|--|-----------------------|---------------------|
| 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 | Ips; Adult Non-Residential Services Outpatient - Family; Adult Non-R Dccurring Treatment; Juvenile Non-Residential Services Outpatient - rvices Outpatient - Individual; Juvenile Non-Residential Services Out | Groups; Juvenile Non- | Residential Service |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy inc ental Health; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr | | |
| Other Services: | 0 | | | |
| Borrenpohl, Jennifer | Willow Psychotherapy | 2120 S 56th Street Suite 206 Lincoln NB 68506 | (402)335-7752 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | 1 17 | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Borrenpohl, Jennifer | Willow Psychotherapy | 2120 S 56th Street Suite 206 Lincoln NB 68506 | (402)335-7752 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Braimah, Rafiu | Alpha Life Improvement Services | 1905 Harney street, suite 710 Omaha NB 68102 | (402)515-4874 | |
| | Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Co | Outpatient Therapy community Treatment Aide; Assessment: Pre-Treatment Assessment | (Medicaid) | |
| Braimah, Rafiu | Alpha Life Improvement Services | 1905 Harney street, suite 710 Omaha NB 68102 | (402)515-4874 | |
| Substance Abuse Services: | | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: Other Services: | | ommunity Treatment Aide; Assessment: Pre-Treatment Assessment | (Medicaid) | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|----------------------|-----------------------|
| Name | Agency | A001000 | Thome | T ux |
| Brasch, Loraine | CenterPointe | 1000 S 13 Lincoln NB 68508 | (402)475-5161 | (402)475-3300 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Brasch, Loraine | CenterPointe | 1000 S 13 Lincoln NB 68508 | (402)475-5161 | (402)475-3300 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Braun, Diane | Braun Counseling Services, LLC | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)980-7600 | (402)502-5102 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Braun, Diane | Braun Counseling Services, LLC | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)980-7600 | (402)502-5102 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Brock, Tory | Adultspan Counseling | 1001 S. 70th St suite 225 Lincoln NB 68510 | (402)499-4028 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Intervention/Education; Ad | dult Non-Residential | Services Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | 5 | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|----------------------------------|----------------------|
| Brock, Tory | Adultspan Counseling | 1001 S. 70th St suite 225 Lincoln NB 68510 | (402)499-4028 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Educ | cation; Adult Non-Residential Se | ervices Outpatient - |
| Mental Health Services: | Individual; Adult Non-Residential Services Outpa Pre-Treatment Assessment (bio-psychosocial); C | • | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Brock, Victoria (Tory) | Lancaster County Dept of Community Corrections | 605 S 10th St Ste B-131 Lincoln NB 68508 | (402)441-7641 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Educ tient - Co-Occurring Treatment; Adult Non-Residential Servi | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Brock, Victoria (Tory) | Lancaster County Dept of Community Corrections | 605 S 10th St Ste B-131 Lincoln NB 68508 | (402)441-7641 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Educ tient - Co-Occurring Treatment; Adult Non-Residential Servi | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Brown, Jennifer | Origins Behavioral Health | 2123 Winthrop Rd. Ste. B Lincoln NB 68502 | (402)438-9222 | (402)438-9226 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | valuations; Adult Non-Residential Services Outpatient - Fam tient - Co-Occurring Treatment; Juvenile Assessment Servic e Non-Residential Services Outpatient - Individual; Juvenile | ces Substance Abuse Evaluation | ns; Juvenile Non- |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | enile Co-Occurring Evaluation (C/O); Pre-Treatment Assessr | nent (bio-psychosocial); Co-Oc | curring; Outpatient |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Occurring | utpatient Therapy - Co-occurring; Assessment: Pre-Treatme | ent Assessment (Medicaid); Ass | sessment: Co- |
| Other Services: | 5 | | | |

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

| Name | Agency | Address | Phone | Fax |
|---|--|---|-------------------------|----------------------|
| Brown, Jennifer | Origins Behavioral Health | 2123 Winthrop Rd. Ste. B Lincoln NB 68502 | (402)438-9222 | (402)438-9226 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adu tient - Co-Occurring Treatment; Juvenile Assessment Services Sut e Non-Residential Services Outpatient - Individual; Juvenile Non-R | ostance Abuse Evaluati | ons; Juvenile Non- |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (b | io-psychosocial); Co-O | ccurring; Outpatient |
| Juvenile Services: | | utpatient Therapy - Co-occurring; Assessment: Pre-Treatment Ass | essment (Medicaid); As | sessment: Co- |
| Other Services: | | | | |
| Bruce, Ramanda | Aspirations Counseling | 1941 S 42nd St Suite 528 Omaha NB 68105 | (402)880-5253 | |
| | Maintenance; Adult Non-Residential Services Ou Outpatient - Individual; Adult Non-Residential Ser Pre-Treatment Assessment (bio-psychosocial); C | aluations; Adult Non-Residential Services Intervention/Education; tpatient - Groups; Adult Non-Residential Services Outpatient - Fan rvices Intensive Outpatient Treatment; Adult Non-Residential Servi co-Occurring; Outpatient Therapy | nily; Adult Non-Residen | |
| Other Services: | Sliding Fee Scale; | | | |
| Bruce, Ramanda | Aspirations Counseling | 1941 S 42nd St Suite 528 Omaha NB 68105 | (402)880-5253 | |
| Substance Abuse Services: | Maintenance; Adult Non-Residential Services Ou | aluations; Adult Non-Residential Services Intervention/Education; , tpatient - Groups; Adult Non-Residential Services Outpatient - Fan rvices Intensive Outpatient Treatment; Adult Non-Residential Servi | nily; Adult Non-Residen | |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Other Services: | Sliding Fee Scale; | | | |
| Brundege, Lindsay | Lutheran Family Services of NE Inc | 2301 O St Lincoln NB 68510 | (402)441-7940 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; . | Adult Non-Residential S | Services Care |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Sliding Eee Scale: | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|--|
| Brundege, Lindsay | Lutheran Family Services of NE Inc | 2301 O St Lincoln NB 68510 | (402)441-7940 | |
| | Monitoring SA/MH; Adult Non-Residential Service | | ducation; Adult Non-Residential Se | rvices Care |
| | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | Sliding Fee Scale; | | | |
| Other Dervices. | Silding ree Scale, | | | |
| Butcher, Lindsey | CenterPointe | 1000 S 13 Lincoln NB 68508 | (402)475-5161 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Hearing Impaired; Bilingual Services; | | | |
| Butcher, Lindsey | CenterPointe | 1000 S 13 Lincoln NB 68508 | (402)475-5161 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Hearing Impaired; Bilingual 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 | valuations; Adult Non-Residential Services Intervention/Ed ent - Family; Adult Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile Assess ; Juvenile Non-Residential Services Outpatient - Groups; ndividual; Juvenile Non-Residential Services Outpatient - G | ndividual; Adult Non-Residential Soment Services Substance Abuse E Juvenile Non-Residential Services | ervices Outpatient - valuations; Juvenil Outpatient - Family |
| | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Healt g; Intensive Outpatient: Intensive Outpatient Therapy-Men | | |
| Other Services: | (Medicaid); Assessment: Co-Occurring | | | |
| Canning, Elizabeth | Jenda Family Services, LLC | 4600 Valley Road Lincoln NB 68510 | (402)474-0011 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Ed ent - Family; Adult Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile Assess ; Juvenile Non-Residential Services Outpatient - Groups; ndividual; Juvenile Non-Residential Services Outpatient - G | ndividual; Adult Non-Residential Soment Services Substance Abuse E Juvenile Non-Residential Services | ervices Outpatient - valuations; Juvenil Outpatient - Family |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |

| Name | Agency | Address | Phone | Fax |
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| | | Lutpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; | | |
| Other Services: | | | | |
| Carde, Lori | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)606-3084 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Foo-Occurring Treatment | dult Non-Residential Soviet Solution Solution Solution | ervices Outpatient cation; Juvenile |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occ | urring | |
| Other Services: | | | | |
| Carde, Lori | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)606-3084 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | 0 | dult Non-Residential Soviets Intervention/Educ | ervices Outpatient - cation; Juvenile |
| | | aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occ | urring | |
| Other Services: | | | - | |
| Carlson, Scott | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)658-3737 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Carlson, Scott | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)658-3737 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |

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

| Name | Agency | Address | Phone | Fax |
|--|---|--|--|--|
| Carrison, Vanessa | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)853-7898 | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juvenile Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Re | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Co-Occurrin e Assessment Services Substance Abuse Evaluations; Juvenile Non Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | ng Treatment; Adult No -Residential Services | on-Residential |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie y; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | | |
| Other Services: | Bilingual Services; | | | |
| Carrison, Vanessa | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)853-7898 | |
| Mental Health Services: | Services Intensive Outpatient Treatment; Juvenile Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Re | nt - Family; Adult Non-Residential Services Outpatient - Co-Occurrin e Assessment Services Substance Abuse Evaluations; Juvenile Non Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient esidential Services Outpatient - Co-Occurring Treatment | -Residential Services | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | | |
| Carter, Alyson | Lutheran Family Services of NE Inc | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)292-9105 | (402)292-0342 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servi Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | Adult Non-Residential ces Substance Abuse on-Residential Service | Services Outpatient Evaluations; Juvenil s Outpatient - Family |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie ;; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | | |
| Other Consistent | Olivita e Face Oceale, Dillement Oceales | | | |

Other Services: Sliding Fee Scale; Bilingual Services;

| 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 | aluations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Carter, Rick | Community Justice Center | 214 N. 14th Street, Ste. 314 Lincoln NB 68508 | (402)277-8111 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Carter, Rick | Community Justice Center | 214 N. 14th Street, Ste. 314 Lincoln NB 68508 | (402)277-8111 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Carville, Misty | Infinite Change Family Therapy Center LLC | 245 S 84th St, Suite L101 Lincoln NB 68510 | (402)310-7867 | (833)587-9383 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Ad int - Family; Adult Non-Residential Services Outpatient - Individual; A iervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-R ivenile Non-Residential Services Outpatient - Family; Juvenile Non-R io-Occurring Treatment | dult Non-Residential vices Intervention/Ed | Services Outpatient - lucation; Juvenile |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier ; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |
| Other Services: | | | CC Coourning | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--------------------------------------|---------------------|
| Carville, Misty | Infinite Change Family Therapy Center LLC | 245 S 84th St, Suite L101 Lincoln NB 68510 | (402)310-7867 | (833)587-9383 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-R uvenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | dult Non-Residential | Services Outpatient |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | nt Therapy including Co-Occurring | Family Sessions- |
| Other Services: | | | | |
| Cazares, Marysol | Lancaster County Dept of Community Corrections | 605 S 10th St Ste B-131 Lincoln NB 68508 | (402)441-8365 | (402)441-3606 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Cazares, Marysol | Lancaster County Dept of Community Corrections | 605 S 10th St Ste B-131 Lincoln NB 68508 | (402)441-8365 | (402)441-3606 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | 5, | | |
| Other Services: | Bilingual Services; | | | |
| Clark, Cristian "Kat" | CenterPointe | 1490 N 16th St Omaha NB 68102 | (402)827-0570 | (402)827-0580 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Residential; Adult Residential Services Short Terr | aluations; Adult Residential Services Dual Residential (MH/SA); Adul m Residential | t Residential Service | es Extended |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| | Change to Oddio, | | | |

| Name | Agency | Address | Phone | Fax |
|---|---|--|-----------------------|-------------------|
| Clark, Cristian "Kat" | CenterPointe | 1490 N 16th St Omaha NB 68102 | (402)827-0570 | (402)827-0580 |
| Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Ev Residential; Adult Residential Services Short Ter Pre-Treatment Assessment (bio-psychosocial); C | | t Residential Service | es Extended |
| Juvenile Services: Other Services: | Sliding Fee Scale; | | | |
| Clark, Stephanie | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)707-9050 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Clark, Stephanie | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)707-9050 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Cochran, Cheri | Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)261-6667 | (402)261-6526 |
| Mental Health Services: Juvenile Services: | | aluations; Adult Non-Residential Services Intervention/Education | | |
| Cochran, Cheri | Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)261-6667 | (402)261-6526 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | | aluations; Adult Non-Residential Services Intervention/Education | | |
| | No Voucher Acceptance; | | | |
| Consbruck, Valerie | Bryan Independence Center | 2300 S. 16th Street Lincoln NB 68502 | (402)481-5496 | |
| | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Residential Services Short Term Residential; Juv vices Outpatient - Groups; Juvenile Non-Residential Services Outpat Putpatient Therapy | enile Assessment S | ervices Substance |

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|------------------------------------|
| Juvenile Services: | Outpatient Therapy - Co-occurring; Assessment: | Pre-Treatment Assessment (Medicaid) | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | rvices; | | |
| Consbruck, Valerie | Bryan Independence Center | 2300 S. 16th Street Lincoln NB 68502 | (402)481-5496 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Residential Services Short Term Residential; Juv vices Outpatient - Groups; Juvenile Non-Residential Services Outpat | enile Assessment Ser | vices Substance |
| | Pre-Treatment Assessment (bio-psychosocial); O | | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Assessment: | Pre-Treatment Assessment (Medicaid) | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | rvices; | | |
| Cornish, Audrey | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)489-9793 | |
| Mental Health Services: | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr o-Occurring; Adults who Sexually Harm Evaluation; Outpatient Thera utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; ent Assessment (Medicaid); Assessment: Co-Occurring | ing Treatment; Adult N apy nt Therapy including F | Ion-Residential amily Sessions- |
| Cornish, Audrey | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)489-9793 | |
| | Family; Adult Non-Residential Services Outpatien Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr o-Occurring; Adults who Sexually Harm Evaluation; Outpatient Thera | ing Treatment; Adult N | |
| | 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; | nt Therapy including F | |
| Other Services: | i nerapy-00-occurring; Assessment: Pre-Treatme | ent Assessment (Medicaid); Assessment: Co-Occurring | | |
| Cottam, Glenda | Cottam Psychological Services | 2730 S 87th Ave Omaha NB 68124-3045 | (402)331-8085 | (402)331-8265 |
| Substance Abuse Services: | | | | |
| | Pre-Treatment Assessment (bio-psychosocial); Pro- Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Assessment (bio-psychosocial); Pro- Notation (bio-psych | sychological Evaluation; Outpatient Therapy utpatient Therapy including Family Sessions-Mental Health; Assessm | nent: Psychological Ev | aluation |

Other Services:

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|---------------------------|--|---|---|--|
| Name | Agency | Address | Phone | Fax |
| Cottam, Glenda | Cottam Psychological Services | 2730 S 87th Ave Omaha NB 68124-3045 | (402)331-8085 | (402)331-8265 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); P | sychological Evaluation; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Content of the second s | utpatient Therapy including Family Sessions-Mental Health; Assessm | ent: Psychological E | valuation |
| Other Services: | | | | |
| Countryman, Carol | Carol Countryman N PC | 2120 S 56th St, Ste 206 Lincoln NB 68506 | (402)429-5365 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | ult Non-Residential S dult Non-Residential | Services Outpatient - Services Outpatient - |
| Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Other Services: | | | | |
| Countryman, Carol | Carol Countryman N PC | 2120 S 56th St, Ste 206 Lincoln NB 68506 | (402)429-5365 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A particles Substance Abuse Evaluations | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Cowan, Jayme | Jayme E Cowan LLC | 4316 S 48th St Suite 2 Lincoln NB 68516 | (402)890-7713 | (402)327-0404 |
| | Family; Adult Non-Residential Services Outpatier | raluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | Services Outpatient - |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | · • • |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie ient: Mental Status Exam (MSE); Assessment: Co-Occurring | nt Therapy - Co-occu | irring; Assessment: |
| Other Services: | | | | |
| Cowan, Jayme | Jayme E Cowan LLC | 4316 S 48th St Suite 2 Lincoln NB 68516 | (402)890-7713 | (402)327-0404 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | Services Outpatient - |
| | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | - | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie ent: Mental Status Exam (MSE); Assessment: Co-Occurring | nt Therapy - Co-occu | urring; Assessment: |
| Other Services: | | - | | |

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|-----------------------|----------------------|
| | | | | |
| Danner, Jennifer | Peoples City Mission | 110 Q St Lincoln NB 68501 | (402)475-1303 | (402)475-7238 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Davis, Linda | New Beginnings House | 5008 N 60th Ave Omaha NB 68104 | (402)850-4271 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Davis, Linda | New Beginnings House | 5008 N 60th Ave Omaha NB 68104 | (402)850-4271 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| DeLaet, Theodore | Theodore J. DeLaet, PhD, PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | enile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment | Assessment (bio-psyc | chosocial); Adults w |
| luvenile Services: | Sexually Harm Evaluation; Psychological Evaluation; Outpatient Therapy - Individual-Mental Health; O | tion; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatie | ant Therapy including | Family Sessions- |
| | | Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid) | | |
| | Evaluation; Assessment: Mental Status Exam (M | ISE); Assessment: Psychological Evaluation; Assessment: Juvenile | Who Sexually Harm F | Risk Assessment |
| Other Services: | | | | |
| DeLaet. Theodore | Theodore J. DeLaet. PhD. PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 |
| Substance Abuse Services: | | | , | |
| | Juvenile Pre-Treatment Assessment (PTA); Juve | enile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment | Assessment (bio-psvo | hosocial); Adults w |
| | Sexually Harm Evaluation; Psychological Evaluation | tion; Outpatient Therapy | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid) ISE); Assessment: Psychological Evaluation; Assessment: Juvenile | ; Assessment: Outpat | tient Psychiatric |
| | | | | |

| Name | Agency | Address | Phone | Fax |
|---|---|--|--|--|
| Delgado, Stephanie | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5893 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Adult Non-Residential Services | dult Non-Residential Se | ervices Outpatient - |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Delgado, Stephanie | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-5893 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Adult Non-Residential Services | dult Non-Residential Se | ervices Outpatient - |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Other Services. | | | | |
| Denney, Rachel | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)730-6802 | |
| Denney, Rachel | Parallels Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; | 1640 L St Suite C Lincoln NB 68508 aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ult Non-Residential Ser dult Non-Residential Ser es Substance Abuse E n-Residential Services | ervices Outpatient - valuations; Juvenile |
| Denney, Rachel | Parallels Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No | ult Non-Residential Ser dult Non-Residential Ser es Substance Abuse E n-Residential Services | ervices Outpatient - valuations; Juvenile |
| Denney, Rachel Substance Abuse Services: Mental Health Services: | Parallels Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Outpatient Therapy | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No | ult Non-Residential Ser dult Non-Residential Ser es Substance Abuse E n-Residential Services g Treatment | ervices Outpatient - valuations; Juvenile Outpatient - Family |
| Denney, Rachel Substance Abuse Services: Mental Health Services: Juvenile Services: | Parallels Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Outpatient Therapy | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile No idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ult Non-Residential Ser dult Non-Residential Ser es Substance Abuse E n-Residential Services g Treatment | ervices Outpatient - valuations; Juvenile Outpatient - Family |
| Denney, Rachel Substance Abuse Services: Mental Health Services: Juvenile Services: | Parallels Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Outpatient Therapy Outpatient Therapy - Individual-Mental Health; Outpatient Therapy | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile No idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ult Non-Residential Ser dult Non-Residential Ser es Substance Abuse E n-Residential Services g Treatment | ervices Outpatient - valuations; Juvenil Outpatient - Family |
| Denney, Rachel Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Denney, Rachel | Parallels Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Outpatient Therapy Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Soutpatient - In Sliding Fee Scale; Parallels Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatient Substance Abuse Ev Groups; Adult Non-Residential Services Outpatient Substance Abuse Ev Market Services Substance Abuse Ev Parallels | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile No adividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin utpatient Therapy including Family Sessions-Mental Health; Outpatien | ult Non-Residential Ser dult Non-Residential Ser ces Substance Abuse E n-Residential Services g Treatment nt Therapy - Co-occurri (402)730-6802 ult Non-Residential Ser dult Non-Residential Ser ces Substance Abuse E n-Residential Services | ervices Outpatient - valuations; Juvenile Outpatient - Family ng vices Outpatient - ervices Outpatient - valuations; Juvenile |
| Denney, Rachel Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Denney, Rachel Substance Abuse Services: | Parallels Adult Assessment Services Substance Abuse Evert Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Outpatient Therapy Outpatient Therapy - Individual-Mental Health; Outpatient Study - Individual-Mental Health; Outpatient - Individual-Mental Services Substance Abuse Evert Groups; Adult Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual-Mental Serv | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic 5 Juvenile Non-Residential Services Outpatient - Groups; Juvenile No adividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin utpatient Therapy including Family Sessions-Mental Health; Outpatien 1640 L St Suite C Lincoln NB 68508 aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic 5 Juvenile Non-Residential Services Outpatient - Individual; Ad | ult Non-Residential Ser dult Non-Residential Ser ces Substance Abuse E n-Residential Services g Treatment nt Therapy - Co-occurri (402)730-6802 ult Non-Residential Ser dult Non-Residential Ser ces Substance Abuse E n-Residential Services | ervices Outpatient - valuations; Juvenil Outpatient - Family ng vices Outpatient - ervices Outpatient - valuations; Juvenil |
| Denney, Rachel Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Denney, Rachel Substance Abuse Services: Mental Health Services: | Parallels Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Outpatient Therapy Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - State Sliding Fee Scale; Parallels Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatient - In Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Outpatient Therapy | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic 5 Juvenile Non-Residential Services Outpatient - Groups; Juvenile No adividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin utpatient Therapy including Family Sessions-Mental Health; Outpatien 1640 L St Suite C Lincoln NB 68508 aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic 5 Juvenile Non-Residential Services Outpatient - Individual; Ad | ult Non-Residential Ser dult Non-Residential Ser ces Substance Abuse E n-Residential Services g Treatment nt Therapy - Co-occurri (402)730-6802 ult Non-Residential Ser dult Non-Residential Ser ces Substance Abuse E n-Residential Services g Treatment | ervices Outpatient - valuations; Juvenil Outpatient - Family ng vices Outpatient - ervices Outpatient - valuations; Juvenil Outpatient - Family |

| Name | Agency | Address | Phone | Fax |
|--|--|--|--|--|
| DeVries, Ingrid | Bryan Independence Center | 2300 S. 16th Street Lincoln NB 68502 | (402)481-5875 | (402)481-5495 |
| Substance Abuse Services: | | ps; Adult Non-Residential Services Outpatient - Family; Adult Non-Ro Occurring Treatment; Adult Non-Residential Services Intensive Outpa | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| Other Services: | Bilingual Services; | | | |
| DeVries, Ingrid | Bryan Independence Center | 2300 S. 16th Street Lincoln NB 68502 | (402)481-5875 | (402)481-5495 |
| Substance Abuse Services: | | ups; Adult Non-Residential Services Outpatient - Family; Adult Non-R- Decurring Treatment; Adult Non-Residential Services Intensive Outpa | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| Other Services: | Bilingual Services; | | | |
| Dexter, Loren | Sage Counseling Omaha LLC | 13808 U St Omaha NB 68137 | (402)960-0073 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Intensi | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment | Non-Residential Se | rvices Outpatient - |
| Mental Health Services: | 1 13 | | | |
| | 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: | Sliding Fee Scale; | | | |
| Dexter, Loren | Sage Counseling Omaha LLC | 13808 U St Omaha NB 68137 | (402)960-0073 | |
| Substance Abuse Services: Mental Health Services: | Individual; Adult Non-Residential Services Intensi | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment | Non-Residential Se | rvices Outpatient - |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | , Assessment. Co-Occurring | | |
| Dibert, Brittany | CenterPointe | 1000 S 13 Lincoln NB 68508 | (402)797-1223 | |
| 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; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser venile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment; Juvenile Non-Residential Services Intensive | dult Non-Residential vices Intervention/Ec esidential Services | Services Outpatient - lucation; Juvenile Outpatient - Individual |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---|
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpa g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healt | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | | | |
| Dibert, Brittany | CenterPointe | 1000 S 13 Lincoln NB 68508 | (402)797-1223 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju | valuations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual Services Substance Abuse Evaluations; Juvenile Non-Residential S uvenile Non-Residential Services Outpatient - Family; Juvenile No co-Occurring Treatment; Juvenile Non-Residential Services Intensi | ; Adult Non-Residentia Services Intervention/Ec n-Residential Services | Services Outpatient ducation; Juvenile Outpatient - Individua |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpa g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healt | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | | | |
| Dirks, Amber | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)474-3322 | (402)397-1404 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Education; nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ 9 Non-Residential Services Intervention/Education; Juvenile Non-R ndividual; Juvenile Non-Residential Services Outpatient - Co-Occu | curring Treatment; Juve esidential Services Out | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurrir | | ons-Mental Health; |
| Other Services: | 1 13 07 | | 5 | |
| Dirks, Amber | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)474-3322 | (402)397-1404 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Intervention/Education; nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ Non-Residential Services Intervention/Education; Juvenile Non-R | curring Treatment; Juve | nile Assessment |
| | | ndividual; Juvenile Non-Residential Services Outpatient - Co-Occu | rring Treatment | , |
| Mental Health Services: | | ndividual; Juvenile Non-Residential Services Outpatient - Co-Occu | rring Treatment | ,, , |
| | Juvenile Non-Residential Services Outpatient - Ir Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: Intensive Family Preservation; C | ndividual; Juvenile Non-Residential Services Outpatient - Co-Occu | including Family Sessic | |

| NameAgencyAddress | Phone | Fax |
|---|--|--|
| Dirks, Tamara Alcohol & Drug Solutions 2109 S 24th St Lincoln NB 68502 | (402)461-4960 | |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Monitoring SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential | t - Family; Adult Non-Re | esidential Services |
| Mental Health Services: Co-Occurring; Outpatient Therapy Juvenile Services: | | |
| Other Services: Sliding Fee Scale; | | |
| Dirks, Tamara Alcohol & Drug Solutions 2109 S 24th St Lincoln NB 68502 | (402)461-4960 | |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Monitoring SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential | t - Family; Adult Non-Re | esidential Services |
| Mental Health Services: Co-Occurring; Outpatient Therapy | | |
| | | |
| Juvenile Services: | | |
| Juvenile Services: Other Services: Sliding Fee Scale; | | |
| | (402)481-5398 | (402)481-5495 |
| Other Services: Sliding Fee Scale; | dult Non-Residential Se t Treatment; Adult Non- Evaluations; Juvenile N rvices Outpatient - Indiv | rvices Outpatient - Residential Services on-Residential idual; Juvenile Non- |
| Other Services: Sliding Fee Scale; Drake, Maureen Bryan Independence Center 1640 Lake St. Lincoln NB 68501 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 Substance Abuse Evaluations; Services Outpatient - Groups; Juvenile Non-Residential Services Substance Abuse Evaluations; Services Outpatient - Groups; Juvenile Non-Residential Services Substance Abuse Evaluations; Adult Non-Residential Services Substance Abuse Evaluations; Adult Non-Residential Services Intensive Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Partial Care; Juvenile | dult Non-Residential Se t Treatment; Adult Non- Evaluations; Juvenile N rvices Outpatient - Indiv | rvices Outpatient - Residential Services on-Residential idual; Juvenile Non- |
| Other Services: Sliding Fee Scale; Drake, Maureen Bryan Independence Center 1640 Lake St. Lincoln NB 68501 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 Substance Abuse Evaluations; Services Outpatient - Groups; Juvenile Non-Residential; Juvenile Assessment Services Substance Abuse Evaluations; Services Outpatient - Family; Juvenile Non-Residential Services Short Term Residential; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juveni | dult Non-Residential Se t Treatment; Adult Non- Evaluations; Juvenile N rvices Outpatient - Indiv | rvices Outpatient - Residential Services on-Residential idual; Juvenile Non- |
| Other Services: Sliding Fee Scale; Drake, Maureen Bryan Independence Center 1640 Lake St. Lincoln NB 68501 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 Substance Abuse Evaluations; Services Outpatient - Groups; Juvenile Care; Adult Residential Services Short Term Residential; Juvenile Assessment Services Substance Abuse Evaluations; Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Substance Abuse Evaluations; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Outpatient Treatment; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Partial Care; Juvenile Re | dult Non-Residential Se t Treatment; Adult Non- Evaluations; Juvenile N rvices Outpatient - Indiv | rvices Outpatient - Residential Services on-Residential idual; Juvenile Non- |
| Other Services: Sliding Fee Scale; Drake, Maureen Bryan Independence Center 1640 Lake St. Lincoln NB 68501 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 Substance Abuse Evaluations; Adult Non-Residential Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Substance Abuse Evaluations; Adult Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Substance Abuse Evaluations; Outpatient Therapy Juvenile Services: | dult Non-Residential Se t Treatment; Adult Non- Evaluations; Juvenile N rvices Outpatient - Indiv | rvices Outpatient - Residential Services on-Residential idual; Juvenile Non- |
| Other Services: Sliding Fee Scale; Drake, Maureen Bryan Independence Center 1640 Lake St. Lincoln NB 68501 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 Substance Abuse Evaluations; Adult Non-Residential Services Substance Abuse Evaluations; Adult Non-Residential Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Partial Care; Juvenile Residential Services: Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Juvenile Services: Other Services: Other Services: Hearing Impaired; Bilingual Services; | dult Non-Residential Se t Treatment; Adult Non- Evaluations; Juvenile N rvices Outpatient - Indiv idential Services Short (402)481-5398 dult Non-Residential Se t Treatment; Adult Non- Evaluations; Juvenile N rvices Outpatient - Indiv | (402)481-5495 rvices Outpatient - Residential Services on-Residential ridual; Juvenile Non- Term Residential (402)481-5495 rvices Outpatient - Residential Services on-Residential ridual; Juvenile Non- |
| Other Services: Sliding Fee Scale; Drake, Maureen Bryan Independence Center 1640 Lake St. Lincoln NB 68501 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Ad Family; Adult Non-Residential Services Short Term Residential; Juvenile Assessment Services Substance Abuse E Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Partial Care; Juvenile Ros- Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Partial Care; Juvenile Residential Services: Other Services: Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Juvenile Services: Other Services: Drake, Maureen Bryan Independence Center 1640 Lake St. Lincoln NB 68501 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Ad Family; Adult Non-Residential Services Short Term Residential, Juvenile Assessment Services Substance Abuse Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Famil | dult Non-Residential Se t Treatment; Adult Non- Evaluations; Juvenile N rvices Outpatient - Indiv idential Services Short (402)481-5398 dult Non-Residential Se t Treatment; Adult Non- Evaluations; Juvenile N rvices Outpatient - Indiv | (402)481-5495 rvices Outpatient - Residential Services on-Residential ridual; Juvenile Non- Term Residential (402)481-5495 rvices Outpatient - Residential Services on-Residential ridual; Juvenile Non- |
| Other Services: Sliding Fee Scale; Drake, Maureen Bryan Independence Center 1640 Lake St. Lincoln NB 68501 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 Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Partial Care; Juvenile Ron-Residential Services Partial Care; Juvenile Residential Services Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Juvenile Services: Other Services: Other Services: Hearing Impaired; Bilingual Services; Drake, Maureen Bryan Independence Center 1640 Lake St. Lincoln NB 68501 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 Substance Abuse Evaluations; Adult Non-Residential Services Substance Abuse Evaluations | dult Non-Residential Se t Treatment; Adult Non- Evaluations; Juvenile N rvices Outpatient - Indiv idential Services Short (402)481-5398 dult Non-Residential Se t Treatment; Adult Non- Evaluations; Juvenile N rvices Outpatient - Indiv | (402)481-5495 rvices Outpatient - Residential Services on-Residential ridual; Juvenile Non- Term Residential (402)481-5495 rvices Outpatient - Residential Services on-Residential ridual; Juvenile Non- |

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|--|--|---|---|
| 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 | | dult Non-Residentia vices Intervention/E | Services Outpatient |
| Juvenile Services: Other Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |
| 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 | | dult Non-Residentia vices Intervention/E | Services Outpatient - ducation; Juvenile |
| Juvenile Services: Other Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |
| Eberle, Jeremy | Choices Treatment Center | 127 S 37th St Suite B Lincoln NB 68510 | (402)476-2300 | (402)476-2337 |
| | Adult Assessment Services Substance Abuse Ev Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Eberle, Jeremy | Eberle Therapy Services PC | 630 N Cotner Blvd Suite 103 Lincoln NB 68505 | (402)440-5094 | |
| | Individual; Adult Non-Residential Services Outpa Pre-Treatment Assessment (bio-psychosocial); C | | Non-Residential Ser | vices Outpatient - |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---|
| Eberle, Jeremy | Choices Treatment Center | 127 S 37th St Suite B Lincoln NB 68510 | (402)476-2300 | (402)476-2337 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Eberle, Jeremy | Eberle Therapy Services PC | 630 N Cotner Blvd Suite 103 Lincoln NB 68505 | (402)440-5094 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpar | aluations; Adult Non-Residential Services Outpatient - Family; Adult I | Non-Residential Serv | vices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | 6 | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Ellis, Tara | Jenda Family Services, LLC | 4600 Valley Road Lincoln NB 68510 | (531)500-3791 | (402)474-0012 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; Ad ant - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No adividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin Co-Occurring: Outpatient Therapy | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient Evaluations; Juveni es Outpatient - Famil |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Therapy-Co-occurring; Assessment: Pre-Treatme | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I ent Assessment (Medicaid); Assessment: Co-Occurring | | |
| Ellis, Tara | Jenda Family Services, LLC | 4600 Valley Road Lincoln NB 68510 | (531)500-3791 | (402)474-0012 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad int - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service; ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin Co-Occurring: Outpatient Therapy | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient Evaluations; Juvenies Outpatient - Famil |
| | Outpatient Therapy - Individual-Mental Health; Or 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: Co-Occurring | | |
| Other Services: | | | | |

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|---|
| 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 | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- amily; Juvenile Non-Residential Services Outpatient - Individual; Juve al Services Intensive Outpatient Treatment | ing Treatment; Adul Residential Service | t Non-Residential s Outpatient - Group |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; O | outpatient Therapy including Group Sessions-Mental Health | | |
| Other Services: | | | | |
| Exstrom, Erica | Jenda Family Services, LLC | 4600 Valley Road Lincoln NB 68510 | (402)474-0011 | |
| | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenil | raluations; Adult Non-Residential Services Outpatient - Groups; Adult ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- amily; Juvenile Non-Residential Services Outpatient - Individual; Juve al Services Intensive Outpatient Treatment | ing Treatment; Adul Residential Service | t Non-Residential s Outpatient - Group |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; O | utpatient Therapy including Group Sessions-Mental Health | | |
| Other Services: | | | | |
| 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 Outpatier Services Intensive Outpatient Treatment; Juvenil | raluations; Adult Non-Residential Services Outpatient - Groups; Adult ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- amily; Juvenile Non-Residential Services Outpatient - Individual; Juve al Services Intensive Outpatient Treatment | ing Treatment; Adul Residential Service: | t Non-Residential s Outpatient - Group |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I g | | |
| Other Services: | ., | ~ | | |
| 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 Outpatier Services Intensive Outpatient Treatment; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- amily; Juvenile Non-Residential Services Outpatient - Individual; Juve | ing Treatment; Adul Residential Service | t Non-Residential s Outpatient - Group |

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

| Name | Agency | | Address | Phone | Fax |
|--|--|--|---|---------------------------------|-------------------|
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | | |
| Juvenile Services | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring Therapy-Co-occurring; Assessment: Co-Occurring | g; Intensive Outp | | | |
| Other Services: | | lg | | | |
| Fenwick, Christopher | CenterPointe | 2220 S 10th | Lincoln NB 68502 | (402)475-8748 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | , | | | tial Services |
| Mental Health Services: | Therapeutic Community; Adult Residential Servic Pre-Treatment Assessment (bio-psychosocial); C | | itial (MH/SA); Adult Residential Services | Extended Residential | |
| Juvenile Services: | | Ũ | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Fenwick, Christopher | CenterPointe | 2220 S 10th | Lincoln NB 68502 | (402)475-8748 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex Therapeutic Community; Adult Residential Service | , | | | tial Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | | |
| Juvenile Services: | | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Fisher-Erickson, Julie | Lutheran Family Services of NE Inc | 2301 O St Li | ncoln NB 68510 | (402)441-7940 | (402)441-8625 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex Family; Adult Non-Residential Services Outpatier | , | | | rvices Outpatient |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | | |
| Juvenile Services: | | | | | |
| Juvernie Services. | | | | | |
| Other Services. | | | | | |
| Other Services: | Lutheran Family Services of NE Inc | 2301 O St Li | ncoln NB 68510 | (402)441-7940 | (402)441-862 |
| Other Services: Fisher-Erickson, Julie | Lutheran Family Services of NE Inc Adult Assessment Services Substance Abuse Ev | aluations; Adult | Non-Residential Services Outpatient - Gr | roups; Adult Non-Residential Se | () |
| Other Services: Fisher-Erickson, Julie Substance Abuse Services: | Lutheran Family Services of NE Inc | valuations; Adult nt - Individual; Ac | Non-Residential Services Outpatient - Gr Iult Non-Residential Services Intensive C | roups; Adult Non-Residential Se | () |
| Other Services: Fisher-Erickson, Julie Substance Abuse Services: | Lutheran Family Services of NE Inc Adult Assessment Services Substance Abuse Ex Family; Adult Non-Residential Services Outpatier Pre-Treatment Assessment (bio-psychosocial); C | valuations; Adult nt - Individual; Ac | Non-Residential Services Outpatient - Gr Iult Non-Residential Services Intensive C | roups; Adult Non-Residential Se | () |

| Name | Agency | Address | Phone | Fax | | |
|---|--|--|---------------------------|---------------|--|--|
| Fletcher, Brooke | Jenda Family Services, LLC | 4600 Valley Road Lincoln NB 68510 | (402)474-0011 | | | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy Non-Treatment: Intensive Family Preservation | | | | | |
| Fletcher, Brooke | Jenda Family Services, LLC | 4600 Valley Road Lincoln NB 68510 | (402)474-0011 | | | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy Non-Treatment: Intensive Family Preservation | | | | | |
| Foxx, Karen | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)346-0902 | (402)342-5290 | | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | | | |
| Foxx, Karen | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)346-0902 | (402)342-5290 | | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | | | | | | |
| 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; Residential; Juvenile Assessment Services Substance Abuse rvices Outpatient - Individual; Juvenile Residential Services Sh | Evaluations; Juvenile Non | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | | | |
| | Outpatient Therapy including Family Sessions-M | | | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | Scale; Hearing Impaired; Bilingual Services; | | | | |

| 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 | aluations; Adult Non-Residential Services Outpatient - Family; Adult N Residential; Juvenile Assessment Services Substance Abuse Evalua vices Outpatient - Individual; Juvenile Residential Services Short Ter | ations; Juvenile Non- | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Outpatient Therapy - Co-occurring | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | rvices; | | |
| Frenzen, Jessica | Clearwater Counseling | 7701 Pacific St Ste 100A Omaha NB 68114 | (308)210-8487 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Resider Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ng Treatment; Juver ntial Services Outpat | nile Assessment |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | Itpatient Therapy including Group Sessions-Mental Health; Outpatien der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment | | |
| 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 Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Outpatient - Groups; Juvenile Non-Resider Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ng Treatment; Juver ntial Services Outpat | nile Assessment |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment . | | |
| Other Services: | | | | |
| Fry, Jennifer | | 7410 South 33 Street Lincoln NB 68516 | (402)975-2289 | (402)975-2287 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | dult Non-Residential vices Intervention/Ed | Services Outpatient ucation; Juvenile |
| | Non-Treatment: Anger Management Class; Outpa | atient Therapy - Individual-Mental Health; Outpatient Therapy includir ental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpat | | lental Health; |

| Name | Agency | Address | Phone | Fax |
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| | Eating Disorder; Outpatient Therapy - Co-occurri | ng; Assessment: Juvenile Who Sexually Harm Risk Assessme | nt; Assessment: Co-Occurr | ing |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Fry, Jennifer | | 7410 South 33 Street Lincoln NB 68516 | (402)975-2289 | (402)975-2287 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | - | dual; Adult Non-Residential ial Services Intervention/Ec | Services Outpatient - lucation; Juvenile |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Outpatient Therapy including Family Sessions-M Therapy - Co-occurring; Assessment: Juvenile W | atient Therapy - Individual-Mental Health; Outpatient Therapy i ental Health; Outpatient Therapy - Youth Who Sexually Harm; /ho Sexually Harm Risk Assessment; Assessment: Co-Occurrir | Outpatient Therapy - Eating | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Furby, Cleveland | Alcohol and Drug Counseling Services | 1203 High St Lincoln NB 68502 | (402)301-5371 | (000)000-0000 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Groups nt - Individual; Adult Non-Residential Services Intensive Outpat | | rvices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Furby, Cleveland | Alcohol and Drug Counseling Services | 1203 High St Lincoln NB 68502 | (402)301-5371 | (000)000-0000 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Groups nt - Individual; Adult Non-Residential Services Intensive Outpat | | rvices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial): C | | | |
| Juvenile Services: | | 3, - 1, | | |
| Other Services: | | | | |
| Giles, Nicholas | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Educati ant - Family; Adult Non-Residential Services Outpatient - Indivic | | |
| Mental Health Services: | | Treatment Assessment (bio-psychosocial); Co-Occurring; Adul | ts who Sexually Harm Eval | uation; Psychological |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Youth Who S Mental Health; Outpatient Therapy - Youth Who S Health; Intensive Outpatient: Intensive Outpatient | utpatient Therapy including Group Sessions-Mental Health; Ou Sexually Harm; Outpatient Therapy - Co-occurring; Intensive O t Therapy-Youth Who Sexually Harm; Intensive Outpatient: Inte aid); Assessment: Mental Status Exam (MSE); Assessment: Pe | outpatient: Intensive Outpat ensive Outpatient Therapy- | ient Therapy-Mental Co-occurring; |
| | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|---|
| Giles, Nicholas | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who | o Sexually Harm Eva | luation; Psychological |
| | Mental Health; Outpatient Therapy - Youth Who S Health; Intensive Outpatient: Intensive Outpatient Assessment: Pre-Treatment Assessment (Medica Who Sexually Harm Risk Assessment | utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpati t Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensive aid); Assessment: Mental Status Exam (MSE); Assessment: Psycho | ent: Intensive Outpat Outpatient Therapy- | ient Therapy-Mental Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Gilfillan, Dameon | | 2109 S 24th St Lincoln NB 68502 | (402)346-0902 | (402)342-5290 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie 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 Servic ile Non-Residential Services Outpatient - Family; Juvenile Non-Resid patient Treatment | dult Non-Residential | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | | | | |
| | Non-Treatment: General Education Class | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Gilfillan, Dameon | New Life Place | 840 F St Lincoln NB 68508 | (402)301-5371 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| 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 | valuations; Adult Non-Residential Services Intervention/Education; Ar ent - Family; Adult Non-Residential Services Outpatient - Individual; A vices Substance Abuse Evaluations; Juvenile Non-Residential Servic ile Non-Residential Services Outpatient - Family; Juvenile Non-Residential patient Treatment | dult Non-Residential | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy | | | |
| | | | | |
| Juvenile Services: | Non-Treatment: General Education Class | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|----------------------|-----------------------|
| Gilfillan, Dameon | New Life Place | 840 F St Lincoln NB 68508 | (402)301-5371 | |
| Substance Abuse Services: | | | (102)001 0011 | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Gilfillan, Jody | | 2109 S 24th St Lincoln NB 68502 | (402)601-4289 | (402)475-7541 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad | | Services Outpatient - |
| Mental Health Services: | | nt - Individual; Adult Non-Residential Services Intensive Outpatient T | reatment | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Gilfillan, Jody | | 2109 S 24th St Lincoln NB 68502 | (402)601-4289 | (402)475-7541 |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Intervention/Education; Ac | | Services Outpatient - |
| Mental Health Services: | | nt - Individual; Adult Non-Residential Services Intensive Outpatient T | reatment | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| 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 nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Reside | ring Treatment; Juve | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatie ;; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; | | |
| 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 | 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 | ring Treatment; Juve | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; | | |

| 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 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie ;; Assessment: Pre-Treatment Assessment (Medicaid); Assessment | | Family Sessions- |
| 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 | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | - · · · · · · · · · · · · · · · · · · · | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment | | Family Sessions- |
| Other Services: | Sliding Fee Scale; | , | g | |
| Hardy, Brian | Nebraska Mental Health Centers | 2951 N Clarkson St Fremont NB 68025 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Psychological Evaluation; Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Assessn | ment: Psychological E | valuation |
| Other Services: | | | | |
| Hardy, Brian | Nebraska Mental Health Centers | 2951 N Clarkson St Fremont NB 68025 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Psychological Evaluation; Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Contemport | utpatient Therapy including Group Sessions-Mental Health; Assessn | ment: Psychological E | valuation |
| Other Services: | | | | |
| Harmes, Eric | Wellspring Behavioral Health | 1600 S. 70th Street Suite 200 Lincoln NB 68506 | (402)318-3787 | (402)939-0437 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Content of the Conten | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---|--|---|--|----------------------|
| Harmes, Eric | Wellspring Behavioral Health | 1600 S. 70th Street Suite 200 Lincoln NB 68506 | (402)318-3787 | (402)939-0437 |
| | 1 13 | utpatient Therapy including Family Sessions-Mental Health | | |
| Harmon, Lisa | Sober Houses of NE | 2030 Washington Street Lincoln NB 68516 | (402)327-9751 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Harmon, Lisa | Sober Houses of NE | 2030 Washington Street Lincoln NB 68516 | (402)327-9751 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: 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/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrir | ring Treatment; Juver idential Services Out | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: Other Services: | | utpatient Therapy including Family Sessions-Mental Health; Intensive ssment (Medicaid); Assessment: Mental Status Exam (MSE) | e Outpatient: Intensiv | e Outpatient Therapy |
| Hartmann, Shala | CenterPointe | 1000 S 13 Lincoln NB 68508 | (402)475-5161 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ring Treatment; Juver idential Services Out | nile Assessment |
| | | co-Occurring; Outpatient Therapy utpatient Therapy including Family Sessions-Mental Health; Intensive ssment (Medicaid); Assessment: Mental Status Exam (MSE) | e Outpatient: Intensiv | e Outpatient Therapy |

| Name | Agency | Address | Phone | Fax |
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| Hay-Holen, Patricia | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (308)455-0145 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Hay-Holen, Patricia | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (308)455-0145 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Heath, Troy | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)937-4670 | |
| Mental Health Services: | Adult Non-Residential Services Outpatient - Indiv Family; Juvenile Non-Residential Services Outpatient Adults who Sexually Harm Evaluation; Outpatient | | le Non-Residential Se | ervices Outpatient - |
| Heath, Troy | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)937-4670 | |
| Mental Health Services: | Adult Non-Residential Services Outpatient - Indiv Family; Juvenile Non-Residential Services Outpatient Adults who Sexually Harm Evaluation; Outpatient | | le Non-Residential Se | ervices Outpatient - |
| 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 Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-R | ult Non-Residential S dult Non-Residential S <i>r</i> ices Intervention/Edu esidential Services O | ervices Outpatient - Services Outpatient - ucation; Juvenile utpatient - Individual |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | nt Therapy including F | |

| Name | Agency | Address | Phone | Fax |
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| | Exam (MSE); Assessment: Psychological Evalua | tion; Assessment: Co-Occurring | | |
| Other Services: | | | | |
| Herdman, John | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)489-9792 | (402)489-9793 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | 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-F o-Occurring Treatment | dult Non-Residential vices Intervention/Ec | Services Outpatient - lucation; Juvenile |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre-T | Treatment Assessment (bio-psychosocial); Co-Occurring; Psychologi | ical Evaluation; Outp | atient Therapy |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: rring | | |
| Other Services: | | | | |
| Hernandez, Sara | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| | Outpatient Therapy - Individual-Mental Health; Ou Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatien | nt Therapy including | Family Sessions- |
| Other Services: | | | | |
| Hernandez, Sara | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatien | nt Therapy including | Family Sessions- |
| Other Services: | | | | |
| Hewitt, Mary | Choice*Change*Consequence, LLC | 3193 Sheridan Blvd Lincoln NB 68502-5232 | (402)217-7234 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Hewitt, Mary | Choice*Change*Consequence, LLC | 3193 Sheridan Blvd Lincoln NB 68502-5232 | (402)217-7234 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Hill, Rhonda | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-4895 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | | utpatient Therapy including Group Sessions-Mental Health; C | Dutpatient Therapy including Fa | mily Sessions- |
| Hill, Rhonda | Bryan Independence Center | 1640 Lake St. Lincoln NB 68501 | (402)481-4895 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | | utpatient Therapy including Group Sessions-Mental Health; C | Dutpatient Therapy including Fa | mily Sessions- |
| Hinrichs, Robin | | 7441 O St. Ste 402 Lincoln NB 68510-2466 | (402)483-4215 | |
| | Family; Adult Non-Residential Services Outpatien | - | o-Occurring Treatment; Juvenil | e Assessment |
| | | utpatient Therapy including Family Sessions-Mental Health; (| Outpatient Therapy - Co-occurr | ing; Assessment: |
| Hinrichs, Robin | | 7441 O St. Ste 402 Lincoln NB 68510-2466 | (402)483-4215 | |
| | Family; Adult Non-Residential Services Outpatien | valuations; Adult Non-Residential Services Intervention/Educa nt - Individual; Adult Non-Residential Services Outpatient - Co a Non-Residential Services Intervention/Education; Juvenile N 20-Occurring Treatment | ation; Adult Non-Residential Se p-Occurring Treatment; Juvenil | e Assessment |
| | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy utpatient Therapy including Family Sessions-Mental Health; (| Outpatient Therapy - Co-occurr | ing; Assessment: |

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|----------------------------|-------------------|
| Hollingshead, Andria | VA-Western Iowa Health Care | 600 S 70th St Lincoln NB 68510 | (402)489-3802 | |
| Substance Abuse Services: | | ups; Adult Non-Residential Services Outpatient - Family; Adult Non Decurring Treatment; Adult Non-Residential Services Intensive Out | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Hollingshead, Andria | VA-Western Iowa Health Care | 600 S 70th St Lincoln NB 68510 | (402)489-3802 | |
| Substance Abuse Services: | | Ips; Adult Non-Residential Services Outpatient - Family; Adult Non Occurring Treatment; Adult Non-Residential Services Intensive Out vices Short Term Residential | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| | | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psycholog | gical Evaluation; Assessme | ent: Juvenile Who |
| Other Services: | | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | | Assessment: Mental Status Exam (MSE); Assessment: Psycholog | gical Evaluation; Assessme | ent: Juvenile Who |
| Other Services: | Sexually Harm Risk Assessment | | | |
| Holt, Jennifer | Adultspan Counseling | 1001 S. 70th St suite 225 Lincoln NB 68510 | (402)325-0117 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Outpatient Therapy | | |
| Juvenile Services: | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Holt, Jennifer | Adultspan Counseling | 1001 S. 70th St suite 225 Lincoln NB 68510 | (402)325-0117 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | | Outpatient Therapy | | |
| Jobman, Christopher | Mind Matters Mental Health and Wellness | 700 R St Lincoln NB 68501 | (402)304-0748 | |
| | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A to-Occurring; Outpatient Therapy | | |
| Jobman, Christopher | Mind Matters Mental Health and Wellness | 700 R St Lincoln NB 68501 | (402)304-0748 | |
| | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A to-Occurring; Outpatient Therapy | | |
| Johnson, Jacob | 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; 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 Se ses Substance Abuse E n-Residential Services | ervices Outpatient - valuations; Juvenile Outpatient - Family |
| Mental Health Services: Juvenile Services: Other Services: | Non-Treatment: Intensive Family Preservation; O | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient : Therapy-Co-occurring | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Name | Agency | Address | FIIOlie | Гал |
| Johnson, Jacob | 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; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; O Outpatient Therapy including Family Sessions-Me Health; Intensive Outpatient: Intensive Outpatient | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incle ental Health; Outpatient Therapy - Co-occurring; Intensive Outpatient : Therapy-Co-occurring | Iding Group Sessio Intensive Outpatie | ns-Mental Health; nt Therapy-Mental |
| Other Services: | | | | |
| Johnson, Janet | Alternative Avenues & Associates LLC | 4740 A St Ste 200 Lincoln NB 68510 | (402)476-2300 | (402)476-2337 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Johnson, Janet | Alternative Avenues & Associates LLC | 4740 A St Ste 200 Lincoln NB 68510 | (402)476-2300 | (402)476-2337 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Johnson, Jill | Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)261-6667 | (402)261-6526 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile Intervention/Education; Juvenile Non-Residential | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri e Assessment Services Substance Abuse Evaluations; Juvenile Non- Services Outpatient - Groups; Juvenile Non-Residential Services Out- isidential Services Outpatient - Co-Occurring Treatment; Juvenile Nor- | ng Treatment; Adul Residential Service patient - Family; Ju | t Non-Residential s venile Non-Residentia |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE); | ntensive Outpatient | Intensive Outpatient |

| 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 Outpatien Services Intensive Outpatient Treatment; Juvenile Intervention/Education; Juvenile Non-Residential | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Assessment Services Substance Abuse Evaluations; Juvenile Non- Services Outpatient - Groups; Juvenile Non-Residential Services Out sidential Services Outpatient - Co-Occurring Treatment; Juvenile Nor- | ing Treatment; Adult Residential Services tpatient - Family; Juv | Non-Residential enile Non-Residentia |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien ; 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; | | | |
| Joseph, Paige | Heartland Family Service | 4847 Sahler Omaha NB 68104 | (402)800-3268 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adu tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri | | Services Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Joseph, Paige | Heartland Family Service | 4847 Sahler Omaha NB 68104 | (402)800-3268 | |
| | | aluations; Adult Non-Residential Services Intervention/Education; Adu t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri o-Occurring; Outpatient Therapy | | ervices Outpatient - |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Judkins, Karen | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)489-9792 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | Services Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Adults who Sexually Harm Evaluation; Outpatient Thera | ру | |

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|---------------------------|---|---|--------------------------|---------------------|
| Name | Agency | Address | Phone | Fax |
| Judkins, Karen | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)489-9792 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; A ant - Individual; Adult Non-Residential Services Outpatient - Co-Occu | | rvices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Adults who Sexually Harm Evaluation; Outpatient Ther | ару | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Karas, Alice | Wellspring Behavioral Health | 1600 S. 70th Street Suite 200 Lincoln NB 68506 | (402)937-8323 | |
| | Adult Non-Residential Services Outpatient - Indiv Outpatient - Family; Juvenile Non-Residential Se | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatie | ont Thoropy including Ec | |
| Juvernie Services. | Mental Health; Outpatient Therapy - Co-occurring | | and therapy including Fa | inity Sessions- |
| Other Services: | | | | |
| Karas, Alice | Wellspring Behavioral Health | 1600 S. 70th Street Suite 200 Lincoln NB 68506 | (402)937-8323 | |
| | Adult Non-Residential Services Outpatient - Indiv Outpatient - Family; Juvenile Non-Residential Se | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatie | ont Thoropy including Ec | |
| Juvernie Services. | Mental Health; Outpatient Therapy - Co-occurring | | and therapy including ra | inity Sessions- |
| Other Services: | | | | |
| Karlsson, Ruth | Released and Restored | PO Box 22962 Lincoln NB 68542 | (402)806-0565 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Karlsson, Ruth | Released and Restored | PO Box 22962 Lincoln NB 68542 | (402)806-0565 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Kelch, Tammy | | P.O. Box 264 Syracuse NB 68446 | (402)890-9957 | |
| | | | | |
| | Family; Adult Non-Residential Services Our Services Substance Abuse Evaluations; Ju Juvenile Non-Residential Services Outpatie | | Co-Occurring Treatment; Juvenile | Assessment |
| Mental Health Services: | Family; Adult Non-Residential Services Our Services Substance Abuse Evaluations; Ju Juvenile Non-Residential Services Outpatie Pre-Treatment Assessment (bio-psychosoc | tpatient - Individual; Adult Non-Residential Services Outpatient - (venile Non-Residential Services Intervention/Education; Juvenile ent - Co-Occurring Treatment | Co-Occurring Treatment; Juvenile | Assessment |
| | Family; Adult Non-Residential Services Our Services Substance Abuse Evaluations; Ju Juvenile Non-Residential Services Outpatie Pre-Treatment Assessment (bio-psychosoc | tpatient - Individual; Adult Non-Residential Services Outpatient - (venile Non-Residential Services Intervention/Education; Juvenile ent - Co-Occurring Treatment | Co-Occurring Treatment; Juvenile | Assessment |
| Mental Health Services: Juvenile Services: | Family; Adult Non-Residential Services Our Services Substance Abuse Evaluations; Ju Juvenile Non-Residential Services Outpatie Pre-Treatment Assessment (bio-psychosoc | tpatient - Individual; Adult Non-Residential Services Outpatient - (venile Non-Residential Services Intervention/Education; Juvenile ent - Co-Occurring Treatment | Co-Occurring Treatment; Juvenile | Assessment |
| Mental Health Services: Juvenile Services: Other Services: Kelch, Tammy | Family; Adult Non-Residential Services Our Services Substance Abuse Evaluations; Ju Juvenile Non-Residential Services Outpatie Pre-Treatment Assessment (bio-psychosod Adult Assessment Services Substance Abu Family; Adult Non-Residential Services Outpatie | tpatient - Individual; Adult Non-Residential Services Outpatient - O venile Non-Residential Services Intervention/Education; Juvenile ent - Co-Occurring Treatment cial); Co-Occurring; Outpatient Therapy P.O. Box 264 Syracuse NB 68446 use Evaluations; Adult Non-Residential Services Intervention/Edu tpatient - Individual; Adult Non-Residential Services Outpatient - O venile Non-Residential Services Intervention; Juvenile | Co-Occurring Treatment; Juvenile Non-Residential Services Outpat (402)890-9957 cation; Adult Non-Residential Ser Co-Occurring Treatment; Juvenile | Assessment ient - Individual vices Outpatien Assessment |
| Mental Health Services: Juvenile Services: Other Services: Kelch, Tammy Substance Abuse Services: | Family; Adult Non-Residential Services Our Services Substance Abuse Evaluations; Ju Juvenile Non-Residential Services Outpatie Pre-Treatment Assessment (bio-psychosoc Adult Assessment Services Substance Abu Family; Adult Non-Residential Services Our Services Substance Abuse Evaluations; Ju | tpatient - Individual; Adult Non-Residential Services Outpatient - Overnile Non-Residential Services Intervention/Education; Juvenile ent - Co-Occurring Treatment cial); Co-Occurring; Outpatient Therapy P.O. Box 264 Syracuse NB 68446 use Evaluations; Adult Non-Residential Services Intervention/Edu tpatient - Individual; Adult Non-Residential Services Outpatient - Overnile Non-Residential Services Intervention; Juvenile ent - Co-Occurring Treatment | Co-Occurring Treatment; Juvenile Non-Residential Services Outpat (402)890-9957 cation; Adult Non-Residential Ser Co-Occurring Treatment; Juvenile | Assessment ient - Individual vices Outpatien Assessment |
| Mental Health Services: Juvenile Services: Other Services: Kelch, Tammy Substance Abuse Services: | Family; Adult Non-Residential Services Out Services Substance Abuse Evaluations; Ju Juvenile Non-Residential Services Outpatie Pre-Treatment Assessment (bio-psychosod Adult Assessment Services Substance Abu Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Ju Juvenile Non-Residential Services Outpatie Pre-Treatment Assessment (bio-psychosod | tpatient - Individual; Adult Non-Residential Services Outpatient - Overnile Non-Residential Services Intervention/Education; Juvenile ent - Co-Occurring Treatment cial); Co-Occurring; Outpatient Therapy P.O. Box 264 Syracuse NB 68446 use Evaluations; Adult Non-Residential Services Intervention/Edu tpatient - Individual; Adult Non-Residential Services Outpatient - Overnile Non-Residential Services Intervention; Juvenile ent - Co-Occurring Treatment | Co-Occurring Treatment; Juvenile Non-Residential Services Outpat (402)890-9957 cation; Adult Non-Residential Ser Co-Occurring Treatment; Juvenile | Assessment ient - Individual vices Outpatien Assessment |
| Mental Health Services: Juvenile Services: Other Services: Kelch, Tammy Substance Abuse Services: Mental Health Services: | Family; Adult Non-Residential Services Our Services Substance Abuse Evaluations; Ju Juvenile Non-Residential Services Outpatie Pre-Treatment Assessment (bio-psychosod Adult Assessment Services Substance Abu Family; Adult Non-Residential Services Our Services Substance Abuse Evaluations; Ju Juvenile Non-Residential Services Outpatie Pre-Treatment Assessment (bio-psychosod | tpatient - Individual; Adult Non-Residential Services Outpatient - Overnile Non-Residential Services Intervention/Education; Juvenile ent - Co-Occurring Treatment cial); Co-Occurring; Outpatient Therapy P.O. Box 264 Syracuse NB 68446 use Evaluations; Adult Non-Residential Services Intervention/Edu tpatient - Individual; Adult Non-Residential Services Outpatient - Overnile Non-Residential Services Intervention; Juvenile ent - Co-Occurring Treatment | Co-Occurring Treatment; Juvenile Non-Residential Services Outpat (402)890-9957 cation; Adult Non-Residential Ser Co-Occurring Treatment; Juvenile | Assessment ient - Individual vices Outpatien Assessment |
| Mental Health Services: Juvenile Services: Other Services: Kelch, Tammy Substance Abuse Services: Mental Health Services: Juvenile Services: | Family; Adult Non-Residential Services Our Services Substance Abuse Evaluations; Ju Juvenile Non-Residential Services Outpatie Pre-Treatment Assessment (bio-psychosod Adult Assessment Services Substance Abu Family; Adult Non-Residential Services Our Services Substance Abuse Evaluations; Ju Juvenile Non-Residential Services Outpatie Pre-Treatment Assessment (bio-psychosod | tpatient - Individual; Adult Non-Residential Services Outpatient - Overnile Non-Residential Services Intervention/Education; Juvenile ent - Co-Occurring Treatment cial); Co-Occurring; Outpatient Therapy P.O. Box 264 Syracuse NB 68446 use Evaluations; Adult Non-Residential Services Intervention/Edu tpatient - Individual; Adult Non-Residential Services Outpatient - Overnile Non-Residential Services Intervention; Juvenile ent - Co-Occurring Treatment | Co-Occurring Treatment; Juvenile Non-Residential Services Outpat (402)890-9957 cation; Adult Non-Residential Ser Co-Occurring Treatment; Juvenile | Assessment ient - Individual vices Outpatien Assessment |
| Mental Health Services: Juvenile Services: Other Services: Kelch, Tammy Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Knight, Debra | Family; Adult Non-Residential Services Our Services Substance Abuse Evaluations; Ju Juvenile Non-Residential Services Outpatie Pre-Treatment Assessment (bio-psychosod Adult Assessment Services Substance Abu Family; Adult Non-Residential Services Out Services Substance Abuse Evaluations; Ju Juvenile Non-Residential Services Outpatie Pre-Treatment Assessment (bio-psychosod Debra Davidson Counseling and Medi Adult Assessment Services Substance Abu Individual; Adult Non-Residential Services Outpatie | tpatient - Individual; Adult Non-Residential Services Outpatient - Overnile Non-Residential Services Intervention/Education; Juvenile ent - Co-Occurring Treatment cial); Co-Occurring; Outpatient Therapy P.O. Box 264 Syracuse NB 68446 use Evaluations; Adult Non-Residential Services Intervention/Edu tpatient - Individual; Adult Non-Residential Services Outpatient - Overnile Non-Residential Services Intervention/Education; Juvenile ent - Co-Occurring Treatment cial); Co-Occurring Treatment cial); Co-Occurring; Outpatient Therapy | Co-Occurring Treatment; Juvenile Non-Residential Services Outpat (402)890-9957 cation; Adult Non-Residential Ser Co-Occurring Treatment; Juvenile Non-Residential Services Outpat (402)540-8650 cation; Adult Non-Residential Services Substance Abuse Evaluations | Assessment ient - Individual vices Outpatier Assessment ient - Individual vices Outpatier s; Juvenile Non |
| Mental Health Services: Juvenile Services: Other Services: Kelch, Tammy Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Knight, Debra Substance Abuse Services: | Family; Adult Non-Residential Services Our Services Substance Abuse Evaluations; Ju Juvenile Non-Residential Services Outpatie Pre-Treatment Assessment (bio-psychosod Adult Assessment Services Substance Abu Family; Adult Non-Residential Services Our Services Substance Abuse Evaluations; Ju Juvenile Non-Residential Services Outpatie Pre-Treatment Assessment (bio-psychosod Debra Davidson Counseling and Medi Adult Assessment Services Substance Abu Individual; Adult Non-Residential Services Gub | tpatient - Individual; Adult Non-Residential Services Outpatient - Overnile Non-Residential Services Intervention/Education; Juvenile ent - Co-Occurring Treatment cial); Co-Occurring; Outpatient Therapy P.O. Box 264 Syracuse NB 68446 use Evaluations; Adult Non-Residential Services Intervention/Edu tpatient - Individual; Adult Non-Residential Services Outpatient - Overnile Non-Residential Services Intervention/Education; Juvenile ent - Co-Occurring Treatment cial); Co-Occurring Treatment cial); Co-Occurring; Outpatient Therapy | Co-Occurring Treatment; Juvenile Non-Residential Services Outpat (402)890-9957 cation; Adult Non-Residential Ser Co-Occurring Treatment; Juvenile Non-Residential Services Outpat (402)540-8650 cation; Adult Non-Residential Services Substance Abuse Evaluations | Assessment ient - Individual vices Outpatier Assessment ient - Individual vices Outpatier s; Juvenile Non |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|--|
| 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 Outpat | aluations; Adult Non-Residential Services Intervention/Educat tient - Co-Occurring Treatment; Juvenile Assessment Service enile Non-Residential Services Outpatient - Individual; Juvenil | s Substance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5459 | (402)715-5452 |
| | Co-Occurring Treatment; Adult Non-Residential S | Services Intensive Outpatient Treatment: Adult Residential Se | ruisee Duel Residential (MU | |
| | Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpa Outpatient - Individual; Juvenile Non-Residential Treatment | enile Assessment Services Substance Abuse Evaluations; Ju atient - Groups; Juvenile Non-Residential Services Outpatient Services Outpatient - Co-Occurring Treatment; Juvenile Non- | ivenile Non-Residential Serv - Family; Juvenile Non-Res | vices Care Monitoring idential Services |
| | Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpa Outpatient - Individual; Juvenile Non-Residential Treatment Pre-Treatment Assessment (bio-psychosocial); C | enile Assessment Services Substance Abuse Evaluations; Ju atient - Groups; Juvenile Non-Residential Services Outpatient Services Outpatient - Co-Occurring Treatment; Juvenile Non- co-Occurring; Outpatient Therapy | ivenile Non-Residential Serv - Family; Juvenile Non-Res | vices Care Monitoring idential Services |
| Juvenile Services: | Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpation Outpatient - Individual; Juvenile Non-Residential Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Co-occurring; Intensive Outp | enile Assessment Services Substance Abuse Evaluations; Ju atient - Groups; Juvenile Non-Residential Services Outpatient Services Outpatient - Co-Occurring Treatment; Juvenile Non- | ivenile Non-Residential Serv - Family; Juvenile Non-Res | vices Care Monitoring idential Services |
| Juvenile Services: | Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpa Outpatient - Individual; Juvenile Non-Residential Treatment Pre-Treatment Assessment (bio-psychosocial); C | enile Assessment Services Substance Abuse Evaluations; Ju atient - Groups; Juvenile Non-Residential Services Outpatient Services Outpatient - Co-Occurring Treatment; Juvenile Non- co-Occurring; Outpatient Therapy | ivenile Non-Residential Serv - Family; Juvenile Non-Res | vices Care Monitoring idential Services |
| Juvenile Services: | Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpation Outpatient - Individual; Juvenile Non-Residential Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Co-occurring; Intensive Outp | enile Assessment Services Substance Abuse Evaluations; Ju atient - Groups; Juvenile Non-Residential Services Outpatient Services Outpatient - Co-Occurring Treatment; Juvenile Non- co-Occurring; Outpatient Therapy | ivenile Non-Residential Serv - Family; Juvenile Non-Res | vices Care Monitoring idential Services |

| Name | Agency | Address | Phone | Fax |
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| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Ion-Residential Services Partial Care; Adult Residential Services Dua I Services Short Term Residential | ring Treatment; Adult | Non-Residential |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Other Services: | Sliding Fee Scale; | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | valuations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Ion-Residential Services Partial Care; Adult Residential Services Dua I Services Short Term Residential | ring Treatment; Adult | Non-Residential |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Outpatient | t Therapy | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; In | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental H rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Hea ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessment sment: Juvenile Who Sexually Harm Risk Assessment | lealth; Outpatient The lth; Intensive Outpati | erapy - Youth Who ent: Intensive |
| Other Services: | | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Outpatient | t Therapy | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; In | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental H order; Intensive Outpatient: Intensive Outpatient Therapy-Mental Hea ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment | lealth; Outpatient The lith; Intensive Outpatie | erapy - Youth Who ent: Intensive |
| Other Corrigoo | | | | |

| Name | Agency | Address | Phone | Fax |
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| 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-Res | ation; Adult Non-Residential Services Outpatient - Groups; Adult Nor idual; Adult Non-Residential Services Outpatient - Co-Occurring Trea sidential Services Intervention/Education; Juvenile Non-Residential S venile Non-Residential Services Outpatient - Individual; Juvenile Non ervices Intensive Outpatient Treatment | atment; Adult Non-Re Services Outpatient - | esidential Services Groups; Juvenile |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| 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 |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | |
| Other Services: | Sliding Fee Scale; | | | |
| Lafferty, Melissa | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | | | |
| Lafferty, Melissa | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | | | |

| Lamp, Melinda Associates in Counseling & Treatment 600 North Cotner, Ste.119 Lincoln NB 68505 (402)326-0361 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations, Adult Non-Residential Services Undertext- Family-Adult Non-Residential Services Outpatient - Conducting Teatment; Adult Non-Residential Services Outpatient - Family-Adult Non-Residential Services Outpatient - Family- Unatient - Family- Unatient - Family- Services Conductions - Adult Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Juvenite Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Catenet - Maily Non-Residential Services Outpatient - Family- Adult Non-Residential Services Catenet - Adult Non-Residential Services Outpatient - Family- Adult Non-Residential Services Outpatient - Family- Adult Non-Residential Services Catenet - Adult Non-Residential Services Outpatient - Family- Adult Non-Residential Services Outpatient - Family- Adult Non-Residential Services Outpatient - Family- Adult Non-Residential Servic | Name | Agency | Address | Phone | Fax |
|---|---------------------------|---|---|------------------------|---------------------|
| Monitoring SA/MH; 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 Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Juvenile Services: Stiding Fee Scale; amp, Melinda Associates in Counseling & Treatment 600 North Cotner, Ste.119 Lincoln NB 68505 (402)326-0361 Substance Abuse Services: Kult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education, Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Care Monitoring SA/MH; Adult Non-Residential Services Outpatient - Croups; Adult Non-Residential Services Intensive Outpatient Treatment Monitoring SA/MH; Adult Non-Residential Services Outpatient - Croups; Adult Non-Residential Services Intensive Outpatient Treatment Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Juvenile Services: Stiding Fee Scale; arson, Bridget Larson Psychology Services LLC 2730 S 87th Ave Omaha NB 68124 (402)331-8085 Substance Abuse Services: Adult son-Sesually Harm; Assessment (Pre-Treatment Assessment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; Assessment: Psychological Evaluation; Outpatient Therapy Juvenile Servi | _amp, Melinda | Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)326-0361 | |
| Juvenile Services: Silding Fee Scale; Lamp, Melinda Associates in Counseling & Treatment 600 North Cotner, Ste.119 Lincoln NB 68505 (402)326-0361 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Barnity: Adult Non-Residential Services Outpatient - Co-Occurring: Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intersive Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring: Outpatient - Co-Occurring | Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | es Outpatient - Groups; Adult Non-Residential Services Outpatient - | Family; Adult Non-Re | esidential Services |
| amp, MelindaAssociates in Counseling & Treatment600 North Cotner, Ste.119Lincoln NB 68505(402)326-0361Substance Abuse ServicesAdult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Course; Adult Non-Residential Services Outpatient - Course; Adult Non-Residential Services Outpatient - Services Substance Abuse ServicesValuations; SAMIH Non-Residential Services Outpatient - Course; Adult Non-Residential Services(402)331-8085Mental Health Services:Substance Abuse Services:Valuation; Psychological Evaluation; Outpatient Therapy(402)331-8085Juvenile Services:Adults who Sexually Harm Evaluation; Psychological Evaluation; Outpatient Therapy(402)331-8085Juvenile Services:Adults who Sexually Harm Evaluation; Psychological Evaluation; Outpatient Therapy(402)331-8085Substance Abuse Services:Larson Psychology Services LLC2730 S 87th Ave Omaha NB 68124(402)331-8085Substance Abuse Services:Larson Psychology Services LLC2730 S 87th Ave Omaha NB 68124(402)331-8085Substance Abuse Services:Adults who Sexually Harm Evaluation; Psychological Evaluation; Outpatient Therapy(402)477-392Substance Abuse Services:Outpatient Therapy - Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Drupatient Psychiatric Evaluation; Other Services(4 | | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| 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 - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Go-Occurring Treatment; Adult Non-Residential Services Outpatient - Go-Occurring; Outpatient Therapy Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Juvenile Services: Stiding Fee Scale; Carson, Bridget Larson Psychology Services LLC 2730 S 87th Ave Omaha NB 68124 (402)331-8085 Substance Abuse Services: Outpatient Therapy - Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; Assessment: Psychological Evaluation; Outpatient Therapy Juvenile Services: Adults who Sexually Harm Evaluation; Psychological Evaluation; Outpatient Therapy Juvenile Services: Outpatient Therapy - Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; Assessment: Psychological Evaluation; Outpatient Therapy Juvenile Services: Mental Health Services: Adults who Sexually Harm Evaluation; Psychological Evaluation; Outpatient Therapy Juvenile Services: Outpatient Therapy - Youth Who Sexually Harm; Assessment: Pre | Other Services: | Sliding Fee Scale; | | | |
| Monitoring SA/MH; 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; Adult Non-Residential Services Intensive Outpatient Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment Assessment; Pre-Treatment Assessment (Medicaid); Assessme | _amp, Melinda | Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)326-0361 | |
| Juvenile Services: Stiding Fee Scale; Larson, Bridget Larson Psychology Services LLC 2730 S 87th Ave Omaha NB 68124 (402)331-8085 Substance Abuse Services: Mental Health Services: Adults who Sexually Harm Evaluation; Psychological Evaluation; Outpatient Therapy Juvenile Services: Outpatient Therapy - Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; Other Services: Larson, Bridget Larson Psychology Services LLC 2730 S 87th Ave Omaha NB 68124 (402)331-8085 Substance Abuse Services: Mental Health Services: Adults who Sexually Harm Evaluation; Psychological Evaluation; Outpatient Therapy Juvenile Services: Larson, Bridget Larson Psychology Services LLC 2730 S 87th Ave Omaha NB 68124 (402)331-8085 Substance Abuse Services: Mental Health Services: Adults who Sexually Harm Evaluation; Psychological Evaluation; Outpatient Therapy Juvenile Services: Mental Health Services: Adults who Sexually Harm Evaluation; Psychological Evaluation; Outpatient Therapy Juvenile Services: (402)477-3951 (402)477-3951 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluation; Assessment Services Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluation; Adult Residential Services Substance Abuse Evaluation; Adult Residential Services Substance Abu | Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | es Outpatient - Groups; Adult Non-Residential Services Outpatient - | Family; Adult Non-Re | esidential Services |
| Other Services: Sliding Fee Scale; Larson, Bridget Larson Psychology Services LLC 2730 S 87th Ave Omaha NB 68124 (402)331-8085 Substance Abuse Services: Mental Health Services: Adults who Sexually Harm Evaluation; Psychological Evaluation; Outpatient Therapy Juvenile Services: Outpatient Therapy - Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; Assessment: Psychological Evaluation (402)331-8085 Larson, Bridget Larson Psychology Services LLC 2730 S 87th Ave Omaha NB 68124 (402)331-8085 Substance Abuse Services: Larson Psychology Services LLC 2730 S 87th Ave Omaha NB 68124 (402)331-8085 Substance Abuse Services: Larson Psychology Services LLC 2730 S 87th Ave Omaha NB 68124 (402)331-8085 Substance Abuse Services: Adults who Sexually Harm Evaluation; Psychological Evaluation; Outpatient Therapy Juvenile Services: Outpatient Therapy - Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Psychiatric Evaluation; Assessment: Psychological Evaluation Other Services: Valut Assessment: Psychological Evaluation; Adult Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Psychiatric Evaluation; Adult Assessment Services Substance Abuse Evaluations; Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Extended Residential; Adult Residential Services Short Term Residential; Juvenile Assessment Services S | Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Larson, BridgetLarson Psychology Services LLC2730 S 87th AveOmaha NB 68124(402)331-8085Substance Abuse Services: Mental Health Services: Other Services:Adults who Sexually Harm Evaluation; Psychological Evaluation; Outpatient Therapy Outpatient Therapy - Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; Assessment: Psychological Evaluation; Other Services:(402)331-8085Substance Abuse Services: Mental Health Services: Juvenile Services:Larson Psychology Services LLC2730 S 87th AveOmaha NB 68124(402)331-8085Substance Abuse Services: Mental Health Services: Other Services:Adults who Sexually Harm Evaluation; Psychological Evaluation; Outpatient Therapy Juvenile Services:Upatient Therapy - Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; Assessment: Psychological Evaluation; Outpatient Therapy Juvenile Services:Outpatient Therapy - Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Psychiatric Evaluation; Other Services:Outpatient Therapy - Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Psychiatric Evaluation; Other Services:Outpatient Therapy - Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Psychiatric Evaluation; Other Services:Outpatient Therapy - Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Psychiatric Evaluation; Other Services:Substance Abuse Services: Bustance Abuse Services:Adult Assessment Services Substance Abuse Evaluation; Adult Residential Services Substance Abuse Evaluation; Pre-Treatment Assessment Ser | Juvenile Services: | | | | |
| Substance Abuse Services: Mental Health Services: Adults who Sexually Harm Evaluation; Psychological Evaluation; Outpatient Therapy Juvenile Services: Outpatient Therapy - Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; Assessment: Psychological Evaluation Other Services: Larson Psychology Services LLC 2730 S 87th Ave Omaha NB 68124 (402)331-8085 Substance Abuse Services: Mental Health Services: Adults who Sexually Harm Evaluation; Psychological Evaluation; Outpatient Therapy Juvenile Services: Couptatient Therapy - Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; Outpatient Therapy Juvenile Services: Couptatient Therapy - Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; Assessment: Psychological Evaluation; Outpatient Therapy Juvenile Services: Couptatient Therapy - Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; Assessment: Psychological Evaluation; Other Services: Larson, Kristin The Bridge Behavioral Health Inc 721 K St. Lincoln NB 68508 (402)477-3951 (402)477-3952 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Extended Residential; Adult Residential Services Short Term Resident | Other Services: | Sliding Fee Scale; | | | |
| Mental Health Services: Juvenile Services:Adults who Sexually Harm Evaluation; Psychological Evaluation; Outpatient Therapy Other Services:Outpatient Therapy - Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; Assessment: Psychological EvaluationLarson, BridgetLarson Psychology Services LLC2730 S 87th AveOmaha NB 68124(402)331-8085Substance Abuse Services: Mental Health Services: Juvenile Services:Adults who Sexually Harm Evaluation; Psychological Evaluation; Outpatient Therapy Outpatient Therapy - Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; Outpatient Therapy - Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; Outpatient Therapy - Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; Outpatient Therapy - Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; Other Services:Larson, KristinThe Bridge Behavioral Health Inc Residential Services Substance Abuse Evaluation; Adult Residential Services Substance Abuse Evaluation; Adult Residential Services Short Term Residential Services Substance Abuse Evaluations; Adult Residential; Adult Residential Services Short Term Residential; Juvenile Assessment Services Substance Abuse Evaluations Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Juvenile ServicesMental Health Services Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Outpatient Therapy Dupatient Therapy Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy | Larson, Bridget | Larson Psychology Services LLC | 2730 S 87th Ave Omaha NB 68124 | (402)331-8085 | |
| Juvenile Services: Outpatient Therapy - Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; Assessment: Psychological Evaluation; Other Services: Larson, Bridget Larson Psychology Services LLC 2730 S 87th Ave_Omaha NB 68124 (402)331-8085 Substance Abuse Services: Mental Health Services: Adults who Sexually Harm Evaluation; Psychological Evaluation; Outpatient Therapy Juvenile Services: Outpatient Therapy - Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; Assessment: Psychological Evaluation; Outpatient Therapy Outpatient Therapy - Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; Assessment: Psychological Evaluation; Other Services: Larson, Kristin The Bridge Behavioral Health Inc 721 K St. Lincoln NB 68508 (402)477-3951 (402)477-3921 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Extended Residential; Adult Residential Services Short Term Residential; Juvenile Assessment Services Substance Abuse Evaluations; Outpatient Therapy Juvenile Services: Juvenile Services Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy | Substance Abuse Services: | | | | |
| Assessment: Psychological Evaluation Assessment: Psychological Evaluation Other Services: Larson Psychology Services LLC 2730 S 87th Ave Omaha NB 68124 (402)331-8085 Substance Abuse Services: Adults who Sexually Harm Evaluation; Psychological Evaluation; Outpatient Therapy (uppatient Therapy - Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; Other Services: Larson, Kristin The Bridge Behavioral Health Inc 721 K St. Lincoln NB 68508 (402)477-3921 (402)477-3921 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Residential Services Substa | Mental Health Services: | Adults who Sexually Harm Evaluation; Psycholog | ical Evaluation; Outpatient Therapy | | |
| Other Services: Larson Psychology Services LLC 2730 S 87th Ave Omaha NB 68124 (402)331-8085 Larson, Bridget Larson Psychology Services LLC 2730 S 87th Ave Omaha NB 68124 (402)331-8085 Substance Abuse Services: Adults who Sexually Harm Evaluation; Psychological Evaluation; Outpatient Therapy Outpatient Therapy - Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; Other Services: Juvenile Services: The Bridge Behavioral Health Inc 721 K St. Lincoln NB 68508 (402)477-3951 (402)477-3951 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluation; Adult Residential Services Substance Abuse Evaluations; Adult Residential Services Substance Abuse Evaluations; Adult Residential; Juvenile Assessment Services Substance Abuse Evaluations; Adult Residential; Juvenile Assessment Services Substance Abuse Evaluations; Substance Abuse Evaluation; Substance Abuse Evaluatio | Juvenile Services: | | Assessment: Pre-Treatment Assessment (Medicaid); Assessment: 0 | Outpatient Psychiatric | c Evaluation; |
| Substance Abuse Services: Mental Health Services: Adults who Sexually Harm Evaluation; Psychological Evaluation; Outpatient Therapy Juvenile Services: Outpatient Therapy - Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; Assessment: Psychological Evaluation Other Services: Larson, Kristin The Bridge Behavioral Health Inc 721 K St. Lincoln NB 68508 (402)477-3951 (402)477-3951 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Extended Residential; Adult Residential Services Short Term Residential; Juvenile Assessment Services Substance Abuse Evaluations; Mental Health Services: Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Juvenile Services: | Other Services: | | | | |
| Mental Health Services: Adults who Sexually Harm Evaluation; Psychological Evaluation; Outpatient Therapy Juvenile Services: Outpatient Therapy - Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; Assessment: Psychological Evaluation Other Services: The Bridge Behavioral Health Inc 721 K St. Lincoln NB 68508 (402)477-3951 (402)477-3921 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Extended Residential; Adult Residential Services Short Term Residential; Juvenile Assessment Services Substance Abuse Evaluations; Outpatient Therapy Juvenile Services: Fre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Juvenile Services | _arson, Bridget | Larson Psychology Services LLC | 2730 S 87th Ave Omaha NB 68124 | (402)331-8085 | |
| Juvenile Services:Outpatient Therapy - Youth Who Sexually Harri; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Outpatient Psychiatric Evaluation; Assessment: Psychological EvaluationOther Services:The Bridge Behavioral Health Inc721 K St. Lincoln NB 68508(402)477-3951(402)477-3951Substance Abuse Services:Adult Assessment Services Substance Abuse Evaluations; Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Extended Residential; Adult Residential Services Short Term Residential; Juvenile Assessment Services Substance Abuse Evaluations; Outpatient Therapy Juvenile Services:Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy | Substance Abuse Services: | | | | |
| Assessment: Psychological Evaluation Other Services: Larson, Kristin The Bridge Behavioral Health Inc 721 K St. Lincoln NB 68508 (402)477-3951 (402)477-3952 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Extended Residential; Adult Residential Services Short Term Residential; Juvenile Assessment Services Substance Abuse Evaluations; Octourring; Outpatient Therapy Juvenile Services: | Mental Health Services: | Adults who Sexually Harm Evaluation; Psycholog | ical Evaluation; Outpatient Therapy | | |
| Other Services: Other Services: Larson, Kristin The Bridge Behavioral Health Inc 721 K St. Lincoln NB 68508 (402)477-3951 (402)477-3922 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Extended Residential; Adult Residential Services Short Term Residential; Juvenile Assessment Services Substance Abuse Evaluations; Outpatient Therapy Wental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy | Juvenile Services: | | Assessment: Pre-Treatment Assessment (Medicaid); Assessment: 0 | Outpatient Psychiatric | c Evaluation; |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Extended Residential; Adult Residential Services Short Term Residential; Juvenile Assessment Services Substance Abuse Evaluations Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Juvenile Services: | Other Services: | | | | |
| Residential; Adult Residential Services Short Term Residential; Juvenile Assessment Services Substance Abuse Evaluations Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Juvenile Services: | Larson, Kristin | The Bridge Behavioral Health Inc | 721 K St. Lincoln NB 68508 | (402)477-3951 | (402)477-3922 |
| Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Juvenile Services: | Substance Abuse Services: | | | | es Extended |
| | Mental Health Services: | | | | |
| Other Services: Sliding Fee Scale; | Juvenile Services: | | · · · | | |
| | Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Larson, Kristin | The Bridge Behavioral Health Inc | 721 K St. Lincoln NB 68508 | (402)477-3951 | (402)477-3922 |
| Substance Abuse Services: | | valuations; Adult Residential Services Dual Residential (MH/SA); Adul | | es Extended |
| Mental Health Services: | Residential; Adult Residential Services Short Ter Pre-Treatment Assessment (bio-psychosocial); C | m Residential; Juvenile Assessment Services Substance Abuse Eval | uations | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Lile, Melissa | Alivation Health LLC | 8550 Cuthills Circle Lincoln NB 68526 | (402)476-6060 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien 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 Individual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juve dential Services Out | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occi | urring; Assessment: |
| Other Services: | Pre-Treatment Assessment (Medicaid); Assessment (Medicaid); Assessment Hearing Impaired; | nent: Co-Occurring | | |
| 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 | valuations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Non-Residential Services Intervention/Education; Juvenile Non-Resi ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juve dential Services Out | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| 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-occi | urring; Assessment: |
| Other Services: | Hearing Impaired; | | | |
| Little Elk, LaDonna | Mental Health Association of Nebraska | 1645 N St Lincoln NB 68508 | (308)940-3320 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Little Elk, LaDonna | Mental Health Association of Nebraska | 1645 N St Lincoln NB 68508 | (308)940-3320 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Logsden, Lisa | Nebraska Mental Health Centers | 2951 N Clarkson St Fremont NB 68025 | (402)483-6990 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Groups; 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 lential Services Outpatie | e Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Adults who Sexually Harm Evaluation; Psychological I | Evaluation; Outpatient T | nerapy |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpati Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid nent: Juvenile Who Sexually Harm Risk Assessment; Assessment: C |); Assessment: Mental S | mily Sessions- tatus Exam (MSE) |
| 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 Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu e Non-Residential Services Outpatient - Groups; Juvenile Non-Resid ; Juvenile Non-Residential Services Outpatient - Co-Occurring Treat | rring Treatment; Juvenile lential Services Outpatie | e Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Adults who Sexually Harm Evaluation; Psychological I | Evaluation; Outpatient T | nerapy |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpati Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid nent: Juvenile Who Sexually Harm Risk Assessment; Assessment: C |); Assessment: Mental S | mily Sessions- tatus Exam (MSE); |
| Other Services: | | · · · · · · · · · · · · · · · · · · · | g | |
| Other Services. | | | | |
| Mason, Amanda | Lutheran Family Services of NE Inc | 2301 O St Lincoln NB 68510 | (402)580-6144 | |
| Mason, Amanda | Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; | dult Non-Residential Se | |
| Mason, Amanda Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment | dult Non-Residential Se | |
| Mason, Amanda Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Pre-Treatment Assessment (bio-psychosocial); C | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment | dult Non-Residential Se | |

| Name | Agency | Address | Phone | Fax |
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| Mason, Amanda | Lutheran Family Services of NE Inc | 2301 O St Lincoln NB 68510 | (402)580-6144 | 1 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/E nt - Family; Adult Non-Residential Services Outpatient - Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| McClain, Rodric | Rodric McClain Counseling Services | 14119 Seward St Omaha NB 68154 | (580)647-5866 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/E nt - Family; Adult Non-Residential Services Outpatient - ervices Substance Abuse Evaluations; Juvenile Non-Re uvenile Non-Residential Services Outpatient - Family; Ju o-Occurring Treatment | Individual; Adult Non-Residential sidential Services Intervention/Ed | Services Outpatient - ucation; Juvenile |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | reatment: Mentoring; Outpatient Therapy - Individual-Me uding Family Sessions-Mental Health; Assessment: Co-(| | ncluding Group |
| Other Services: | | uding Family Sessions-wental Health, Assessment. Co- | Jecuming | |
| McClain, Rodric | Rodric McClain Counseling Services | 14119 Seward St Omaha NB 68154 | (580)647-5866 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | 0 | Individual; Adult Non-Residential sidential Services Intervention/Ed | Services Outpatient - ucation; Juvenile |
| | | reatment: Mentoring; Outpatient Therapy - Individual-Me | ental Health: Outpatient Therapy i | ncluding Group |
| Other Services: | Sessions-Mental Health; Outpatient Therapy inclu- | uding Family Sessions-Mental Health; Assessment: Co- | | |
| Mclaurine, Marilyn | | 1927 Wirt St Omaha NB 68110 | (402)341-1821 | (402)905-9473 |
| | Adult Assessment Services Substance Abuse Ev | | (102)011 1021 | (102)000 0 110 |
| | Pre-Treatment Assessment (bio-psychosocial): C | | | |
| | | y-Mental Health; Intensive Outpatient: Intensive Outpati | ent Therapy-Co-occurring; Assess | sment: Pre-Treatmen |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---|
| Mclaurine, Marilyn | | 1927 Wirt St Omaha NB 68110 | (402)341-1821 | (402)905-9473 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring | | |
| | Intensive Outpatient: Intensive Outpatient Therap Assessment (Medicaid); Assessment: Mental Sta | y-Mental Health; Intensive Outpatient: Intensive Outpatient Ther tus Exam (MSE); Assessment: Co-Occurring | apy-Co-occurring; Asses | ssment: Pre-Treatmen |
| Other Services: | | | | |
| McNichols, Stephanie | | 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/Educatior nt - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Juvenile Assessment S Juvenile Non-Residential Services Outpatient - Groups; Juvenil dividual; Juvenile Non-Residential Services Outpatient - Co-Occ | al; Adult Non-Residentia ervices Substance Abus e Non-Residential Servio | l Services Outpatient e Evaluations; Juvenil es Outpatient - Famil |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outp I | atient 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 Outpatien Services Intensive Outpatient Treatment; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; A t - Individual; Adult Non-Residential Services Outpatient - Co-Ou Assessment Services Substance Abuse Evaluations; Juvenile amily; Juvenile Non-Residential Services Outpatient - Individual; al Services Intensive Outpatient Treatment | ccurring Treatment; Adul Non-Residential Service | t Non-Residential s Outpatient - Groups; |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring: Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| McNichols, Stephanie | | 4701 Van Dorn Suite B Lincoln NB 68506 | (402)440-6496 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education nt - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Juvenile Assessment S Juvenile Non-Residential Services Outpatient - Groups; Juvenil dividual; Juvenile Non-Residential Services Outpatient - Co-Occ | al; Adult Non-Residentia ervices Substance Abus e Non-Residential Servic | l Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| | | a Occurring: Outpatiant Thorany | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-occurring, Outpatient merapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outp | atient Therapy including | Family Sessions- |

| Name | Agency | Address | Phone | Fax |
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| McNichols, Stephanie | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)440-6496 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- amily; Juvenile Non-Residential Services Outpatient - Individual; Juve al Services Intensive Outpatient Treatment | ring Treatment; Adult -Residential Services | t Non-Residential s Outpatient - Groups; |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Meier, Luke | VA-Western Iowa Health Care | 600 S 70th St Lincoln NB 68510 | (402)489-3802 | |
| Mental Health Services: Juvenile Services: Other Services: | | | | |
| Meier, Luke | VA-Western Iowa Health Care | 600 S 70th St Lincoln NB 68510 | (402)489-3802 | |
| | Adult Non-Residential Services Outpatient - Co-C Dual Residential (MH/SA); Adult Residential Serv Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Meints, Kristi | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68526 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatien | nt Therapy including | Family Sessions- |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Meints, Kristi | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68526 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; On Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatier | t Therapy including | Family Sessions- |
| Other Services: | | | | |
| Mertes, Courtney | | 268 N. 115th Street, Ste 1 Omaha NB 68154 | (402)590-8766 | (402)838-7248 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE); | ntensive Outpatient: | Intensive Outpatient |
| Other Services: | | | | |
| Mertes, Courtney | | 268 N. 115th Street, Ste 1 Omaha NB 68154 | (402)590-8766 | (402)838-7248 |
| 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 Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin co-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatient ; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE); | dult Non-Residential es Substance Abuse n-Residential Service g Treatment; Juvenil nt Therapy including ntensive Outpatient: | Services Outpatient - Evaluations; Juvenil es Outpatient - Family e Non-Residential Family Sessions- Intensive Outpatient |
| Other Services: | | | | Journa |
| Metoyer, Shaun | B.A.M.B. LLC | 1847 N 17th St Omaha NB 68110 | (402)957-5290 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---|--|--|----------------------|-------------------|
| Metoyer, Shaun | B.A.M.B. LLC | 1847 N 17th St Omaha NB 68110 | (402)957-5290 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| 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: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Adults who Sexually Harm Evaluation; Outpatient Thera | ару | |
| Juvenile Services: Other Services: | | Dutpatient Therapy - Individual-Mental Health; Outpatient Therapy inc Assessment: Pre-Treatment Assessment (Medicaid); Assessment: N | | |
| 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: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Adults who Sexually Harm Evaluation; Outpatient Thera | ару | |
| Juvenile Services: Other Services: | · · · · · · | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy inc Assessment: Pre-Treatment Assessment (Medicaid); Assessment: N | 0 , | , |
| Miller, Sandra | VA-Western Iowa Health Care | 600 S 70th St Lincoln NB 68510 | (402)309-3378 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr esidential Services Dual Residential (MH/SA); Adult Residential Serv | ring Treatment; Adul | t Non-Residential |
| Mental Health Services: Juvenile Services: Other Services: | Acute Inpatient; Pre-Treatment Assessment (bio- | psychosocial); Co-Occurring; Outpatient Therapy | | |
| Miller, Sandra | VA-Western Iowa Health Care | 600 S 70th St Lincoln NB 68510 | (402)309-3378 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr lesidential Services Dual Residential (MH/SA); Adult Residential Serv | ring Treatment; Adul | t Non-Residential |
| Mental Health Services: Juvenile Services: Other Services: | Acute Inpatient; Pre-Treatment Assessment (bio- | psychosocial); Co-Occurring; Outpatient Therapy | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|---|
| Miller, Shannon | Lincoln Medical Education Partnership | 4600 Valley Road Lincoln NB 68510 | (402)327-6822 | (402)483-4594 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/ ent - Family; Adult Non-Residential Services Outpatient Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Miller, Shannon | Lincoln Medical Education Partnership | 4600 Valley Road Lincoln NB 68510 | (402)327-6822 | (402)483-4594 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/ ent - Family; Adult Non-Residential Services Outpatient Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Miller, Stacey | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)413-1420 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; J Juvenile Non-Residential Services Outpatient - C | valuations; Adult Non-Residential Services Intervention/ ent - Family; Adult Non-Residential Services Outpatient Services Substance Abuse Evaluations; Juvenile Non-R uvenile Non-Residential Services Outpatient - Family; J Co-Occurring Treatment Co-Occurring; Psychological Evaluation; Outpatient The | Individual; Adult Non-Residential esidential Services Intervention/Ec uvenile Non-Residential Services | Services Outpatient - lucation; Juvenile |
| | Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpat | -Treatment: General Education Class; Outpatient Thera ient Therapy including Family Sessions-Mental Health; nent Assessment (Medicaid); Assessment: Mental State | py - Individual-Mental Health; Outp Outpatient Therapy - Eating Disord | der; Outpatient |
| Other Services: | C C | | | |
| Miller, Stacey | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)413-1420 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/ ent - Family; Adult Non-Residential Services Outpatient Services Substance Abuse Evaluations; Juvenile Non-R uvenile Non-Residential Services Outpatient - Family; J Co-Occurring Treatment | - Individual; Adult Non-Residential esidential Services Intervention/Ec | Services Outpatient - lucation; Juvenile |
| Mental Health Services: | | Co-Occurring; Psychological Evaluation; Outpatient The | rapy | |
| Juvenile Services: | including Group Sessions-Mental Health; Outpat Therapy - Co-occurring; Assessment: Pre-Treatm | Treatment: General Education Class; Outpatient Thera ient Therapy including Family Sessions-Mental Health; nent Assessment (Medicaid); Assessment: Mental State | Outpatient Therapy - Eating Disor | der; Outpatient |
| | Assessment: Co-Occurring | | | |

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|----------------------|------------------|
| 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: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| Other Services: | Mental Health | | | |
| 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: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| Other Services: | | | | |
| Montgomery Lewis, Monica | Lewis Counseling Services | 3825 Ames Ave Omaha NB 68111 | (402)320-3566 | (402)939-0755 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Outpatient Therapy | | |
| Juvenile Services: | | Evening Reporting; Non-Treatment: Anger Management Class; Outpa ental Health; Outpatient Therapy including Family Sessions-Mental He tus Exam (MSE) | | |
| Other Services: | Sliding Fee Scale; | | | |
| Montgomery Lewis, Monica | Lewis Counseling Services | 3825 Ames Ave Omaha NB 68111 | (402)320-3566 | (402)939-0755 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Outpatient Therapy | | |
| Juvenile Services: | | Evening Reporting; Non-Treatment: Anger Management Class; Outpa ental Health; Outpatient Therapy including Family Sessions-Mental He tus Exam (MSE) | | |
| Other Services: | Sliding Fee Scale; | | | |
| Moyer, Kasey | Mental Health Association of Nebraska | 1645 N St Lincoln NB 68508 | (402)441-4382 | (402)441-4377 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Convision | Dillingual Completes | | | |

Other Services: Bilingual Services;

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|--|
| Moyer, Kasey | Mental Health Association of Nebraska | 1645 N St Lincoln NB 68508 | (402)441-4382 | (402)441-4377 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Munet Ginorio, Alexandra | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)482-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Psychological Evaluation; Outpatient Therapy | | |
| | Mental Health; Outpatient Therapy - Youth Who Assessment: Psychological Evaluation; Assessm | outpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); nent: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co | Assessment: Menta | |
| Other Services: | Bilingual Services; | | | |
| Munet Ginorio, Alexandra | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)482-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Psychological Evaluation; Outpatient Therapy | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | outpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); nent: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co | Assessment: Menta | |
| 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 | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Substance Abuse Evaluations; Juvenile Non-Residential Ser uvenile Non-Residential Services Outpatient - Family; Juvenile Non-R Co-Occurring Treatment; Juvenile Non-Residential Services Intensive | dult Non-Residential vices Intervention/Ec Residential Services | Services Outpatien lucation; Juvenile Outpatient - Individ |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | outpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I | | |
| | Therapy-Co-occurring; Assessment: Co-Occurrin | ng | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|--|
| 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 | raluations; Adult Non-Residential Services Intervention/Education; Ad int - Family; Adult Non-Residential Services Outpatient - Individual; Ar iervices Substance Abuse Evaluations; Juvenile Non-Residential Services Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-R io-Occurring Treatment; Juvenile Non-Residential Services Intensive | dult Non-Residential vices Intervention/Ec | Services Outpatient - ducation; Juvenile Outpatient - Individual |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier ;; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I g | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | ervices; | | |
| Neise, Michael | Paradigm, Inc. | 809 South 174th Street Omaha NB 68118 | (402)991-8093 | (402)505-9726 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl | | ns-Mental Health; |
| Other Services: | Outpatient Therapy including Family Sessions-Me | ental Health; Intensive Outpatient: Intensive Outpatient Therapy-Men | tal Health | |
| Neise, Michael | Paradigm, Inc. | 809 South 174th Street Omaha NB 68118 | (402)991-8093 | (402)505-9726 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl ental Health; Intensive Outpatient: Intensive Outpatient Therapy-Men | | ns-Mental Health; |
| Other Services: | | | | |
| Nider , Keri | Lincoln Medical Education Partnership | 4600 Valley Road Lincoln NB 68510 | (308)765-2401 | |
| 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 Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | dult Non-Residential vices Intervention/Ec esidential Services | Services Outpatient ducation; Juvenile Outpatient - Individua |
| Juvenile Services: | 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: | Sliding Fee Scale; | | | |

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

| Name | Agency | Address | Phone | Fax |
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| Nider , Keri | Lincoln Medical Education Partnership | 4600 Valley Road Lincoln NB 68510 | (308)765-2401 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Educat ent - Family; Adult Non-Residential Services Outpatient - Indivi Services Substance Abuse Evaluations; Juvenile Non-Residen uvenile Non-Residential Services Outpatient - Family; Juvenile co-Occurring Treatment | dual; Adult Non-Residential tial Services Intervention/Ed | Services Outpatient lucation; Juvenile |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; | utpatient Therapy including Group Sessions-Mental Health; O g; Assessment: Co-Occurring | utpatient Therapy including | Family Sessions- |
| Other Ocrystes. | Silding ree Scale, | | | |
| Ollila, Ashleigh | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68526 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; O essment (Medicaid); Assessment: Outpatient Psychiatric Evalu | | |
| Other Services: | | | | |
| Ollila, Ashleigh | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68526 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; O essment (Medicaid); Assessment: Outpatient Psychiatric Evalu | | |
| Other Services: | | | | |
| Paine, Mary | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluatio | n; EPC Crisis Center; Outpa | atient Therapy |
| Juvenile Services: Other Services: | Sliding Fee Scale; | | | |
| | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Paine, Mary | | | () | (-) |
| Paine, Mary Substance Abuse Services: | • | | . , | (-) |
| Substance Abuse Services: | - | Adults who Sexually Harm Evaluation; Psychological Evaluatio | | · · · |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|---|--|---|--|--|
| Papenhagen, Carrie | Pine Lake Behavioral Health, LLC | 9100 Andermatt Dr Suite 1 Lincoln NB 68526 | (402)434-2730 | (402)434-3970 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Ac es Outpatient - Groups; Adult Non-Residential Services Outpatient - I vices Outpatient - Co-Occurring Treatment; Adult Non-Residential S | amily; Adult Non-Re | sidential Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | Intensive Outpatient: | Intensive Outpatient |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Papenhagen, Carrie | Pine Lake Behavioral Health, LLC | 9100 Andermatt Dr Suite 1 Lincoln NB 68526 | (402)434-2730 | (402)434-3970 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - I es Outpatient - Groups; Adult Non-Residential Services Outpatient - I vices Outpatient - Co-Occurring Treatment; Adult Non-Residential S | amily; Adult Non-Re | sidential Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; | nt Therapy including | Family Sessions- |
| | Therapy-Co-occurring, Assessment: Pre-Treatme | ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | | Intensive Outpatient |
| Other Services: | Sliding Fee Scale; Bilingual Services; | ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | | Intensive Outpatient |
| Other Services: Parmer, Alisa | | ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE) 1941 S 42nd St Suite 375 Omaha NB 68105 | | Intensive Outpatient |
| Parmer, Alisa | Sliding Fee Scale; Bilingual Services; Heartland Family Service Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | | (402)552-7419 (402)552-7419 lult Non-Residential S Family; Adult Non-Re ervices Intensive Out on; Juvenile Non-Re Dutpatient - Family; Ju | (402)457-7791 (402)457-7791 Services Care sidential Services patient Treatment; sidential Services uvenile Non- |
| Parmer, Alisa Substance Abuse Services: Mental Health Services: | Sliding Fee Scale; Bilingual Services; Heartland Family Service Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C | 1941 S 42nd St Suite 375 Omaha NB 68105 aluations; Adult Non-Residential Services Intervention/Education; Ac as Outpatient - Groups; Adult Non-Residential Services Outpatient - I vices Outpatient - Co-Occurring Treatment; Adult Non-Residential S Evaluations; Juvenile Non-Residential Services Intervention/Educati al Services Outpatient - Groups; Juvenile Non-Residential Services O nile Non-Residential Services Outpatient - Co-Occurring Treatment; co-Occurring; Outpatient Therapy | (402)552-7419 (402)552-7419 lult Non-Residential S Family; Adult Non-Re ervices Intensive Out on; Juvenile Non-Reside Outpatient - Family; Ju Juvenile Non-Reside | Intensive Outpatient ccurring (402)457-7791 Services Care sidential Services patient Treatment; sidential Services uvenile Non- intial Services |
| Parmer, Alisa Substance Abuse Services: Mental Health Services: | Sliding Fee Scale; Bilingual Services; Heartland Family Service Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: Anger Management Class; Non- | 1941 S 42nd St Suite 375 Omaha NB 68105 aluations; Adult Non-Residential Services Intervention/Education; Adult so Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential S Evaluations; Juvenile Non-Residential Services Intervention/Educati al Services Outpatient - Groups; Juvenile Non-Residential Services O nile Non-Residential Services Outpatient - Co-Occurring Treatment; co-Occurring; Outpatient Therapy Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health uding Family Sessions-Mental Health; Outpatient Therapy - Co-occur | ; Assessment: Co-O (402)552-7419 Jult Non-Residential S Family; Adult Non-Re ervices Intensive Out on; Juvenile Non-Reside Juvenile Non-Reside ; Outpatient Therapy | Intensive Outpatient ccurring (402)457-7791 Services Care sidential Services patient Treatment; sidential Services uvenile Non- intial Services including Group |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|--|
| 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 Serv Outpatient - Individual; Adult Non-Residential S Juvenile Assessment Services Substance Abus Care Monitoring SA/MH; Juvenile Non-Resider | Evaluations; Adult Non-Residential Services Intervention/Education; Ac ices Outpatient - Groups; Adult Non-Residential Services Outpatient - I Services Outpatient - Co-Occurring Treatment; Adult Non-Residential S se Evaluations; Juvenile Non-Residential Services Intervention/Educati ntial Services Outpatient - Groups; Juvenile Non-Residential Services C venile Non-Residential Services Outpatient - Co-Occurring Treatment; | Family; Adult Non-Re ervices Intensive Out on; Juvenile Non-Re Dutpatient - Family; J | esidential Services tpatient Treatment; sidential Services uvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | ; Co-Occurring; Outpatient Therapy | | |
| | Sessions-Mental Health; Outpatient Therapy in Assessment (Medicaid); Assessment: Co-Occu | n-Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health cluding Family Sessions-Mental Health; Outpatient Therapy - Co-occur urring | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |
| Patent, Cristin | HopeSpoke | 2444 O St Lincoln NB 68510 | (402)475-7666 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpa Co-Occurring Treatment; Juvenile Assessment Non-Residential Services Outpatient - Groups; | Evaluations; Adult Non-Residential Services Intervention/Education; Ac tient - Family; Adult Non-Residential Services Outpatient - Individual; A Services Substance Abuse Evaluations; Juvenile Non-Residential Ser Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-F Co-Occurring Treatment; Juvenile Non-Residential Services Intensive | dult Non-Residential vices Intervention/Ec Residential Services (| Services Outpatient - lucation; Juvenile Dutpatient - Individual |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | ; Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | Outpatient Therapy including Group Sessions-Mental Health; Outpatie ing; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |
| Other Services: | Sliding Fee Scale; | ······································ | g | |
| Patent, Cristin | HopeSpoke | 2444 O St Lincoln NB 68510 | (402)475-7666 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpa Co-Occurring Treatment; Juvenile Assessment Non-Residential Services Outpatient - Groups; | Evaluations; Adult Non-Residential Services Intervention/Education; Ac tient - Family; Adult Non-Residential Services Outpatient - Individual; A t Services Substance Abuse Evaluations; Juvenile Non-Residential Ser Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-F Co-Occurring Treatment; Juvenile Non-Residential Services Intensive | dult Non-Residential vices Intervention/Ec Residential Services (| Services Outpatient - lucation; Juvenile Dutpatient - Individual |
| | | ; Co-Occurring; Outpatient Therapy Outpatient Therapy including Group Sessions-Mental Health; Outpatie ing; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|-----------------------|---------------------|
| Peavy, Maggie | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-8717 | (402)475-8721 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Hearing Impaired; Bilingual Services; | | | |
| Peavy, Maggie | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-8717 | (402)475-8721 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Hearing Impaired; Bilingual Services; | | | |
| Peterson, Kira | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | 1 13 | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| Other Services: | | | | |
| Peterson, Kira | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| Other Services: | | | | |
| Pieloch, Rachel | Rachel Pieloch LLC | 8101 O St Suite 300 Lincoln NB 68510 | (402)413-1504 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Individual; Adu | ult Non-Residential S | Services Outpatient |
| Mental Health Services | Co-Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring: Outpatient Therapy | | |
| Juvenile Services: | The measurem Assessment (bio psychosocial), c | o couring, oupation morapy | | |
| Other Services: | | | | |

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|---|--|---|-----------------------|-----------------------|
| Name | Agency | Address | Phone | Fax |
| Pieloch, Rachel | Rachel Pieloch LLC | 8101 O St Suite 300 Lincoln NB 68510 | (402)413-1504 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individual; Adu | ult Non-Residential S | Services Outpatient - |
| Mental Health Services: | Co-Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Price-Wells, Cherisa | ResCare Workforce Services | 3720 N 27th St Ste 6 Lincoln NB 68521 | (402)458-4925 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: Other Services: | | | | |
| | | | | |
| Price-Wells, Cherisa | ResCare Workforce Services | 3720 N 27th St Ste 6 Lincoln NB 68521 | (402)458-4925 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: Juvenile Services: | Outpatient Therapy | | | |
| Other Services: | | | | |
| Prince, Reginald | Serenity Matters | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 68111 | (402)830-3890 | (402)905-0011 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Intervention/Education; Ad | ult Non-Residential | Services Outpatient - |
| | | nt - Family; Adult Non-Residential Services Outpatient - Individual; Ju | | |
| | Services Outpatient - Family; Juvenile Non-Residential Ser | vices Intervention/Education; Juvenile Non-Residential Services Outp lential Services Outpatient - Individual | balleni - Groups, Juv | venile Non-Residentia |
| | Co-Occurring; Outpatient Therapy | | | |
| | 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)905-0011 |
| 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: | Co-Occurring; Outpatient Therapy | | | |
| | Non-Treatment: Anger Management Class | | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---|
| Rine, Jennifer | Bloom Counseling LLC | 315 S 9th Street Suite 122 Lincoln NB 68502 | (402)460-7884 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adut - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juver dential Services Out | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier ; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |
| Other Services: | mental riealin, Oulpatient merapy - Co-occurring | , Assessment. Fie-meathent Assessment (weucaid), Assessment. | CO-Occuming | |
| Rine, Jennifer | Bloom Counseling LLC | 315 S 9th Street Suite 122 Lincoln NB 68502 | (402)460-7884 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Intervention/Education; Juvenile Non-Residential dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juver dential Services Out | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | 1 12 | utpatient Therapy including Group Sessions-Mental Health; Outpatier | 1,2 0 | Family Sessions- |
| Other Services: | Mental Health; Outpatient Therapy - Co-occurring | ; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | Co-Occurring | |
| Rohren, Brenda | Behavioral Health Resources, LLC | 7441 O Street, Suite 107 Lincoln NB 68510 | (402)486-1101 | (402)486-4342 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential vices Intervention/Ed | Services Outpatient - lucation; Juvenile |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier ;; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | |
| Other Services: | Assessment: Mental Status Exam (MSE) | | | |
| 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 | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-R venile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | dult Non-Residential vices Intervention/Ed | Services Outpatient - lucation; Juvenile |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | • | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpatier | t Therapy including | Family |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|--|
| Other Services: | Evaluation; Assessment: Mental Status Exam (N | Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); / MSE) | Assessment: Outpatient | Psychiatric |
| Ropte, Kerry | Pine Lake Behavioral Health, LLC | 9100 Andermatt Dr Suite 1 Lincoln NB 68526 | (402)434-2730 | (402)434-3970 |
| | Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Resident Residential Services Outpatient - Individual; Juv Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education; ces Outpatient - Groups; Adult Non-Residential Services Outpatient ervices Outpatient - Co-Occurring Treatment; Adult Non-Residentia e Evaluations; Juvenile Non-Residential Services Intervention/Educ tial Services Outpatient - Groups; Juvenile Non-Residential Services renile Non-Residential Services Outpatient - Co-Occurring Treatment | : - Family; Adult Non-Re I Services Intensive Out cation; Juvenile Non-Res s Outpatient - Family; Ju | sidential Services patient Treatment; sidential Services uvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | Dutpatient Therapy including Group Sessions-Mental Health; Outpa I Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occ atus 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 | valuations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual Services Substance Abuse Evaluations; Juvenile Non-Residential S renile Non-Residential Services Outpatient - Co-Occurring Treatment | ; Adult Non-Residential Services Outpatient - Fa | Services Outpatient |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring: Outpatient Therapy | | |
| | | Dutpatient Therapy including Family Sessions-Mental Health; Outpatient | atient Therapy - Co-occu | ırring; 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 |
| Substance Abuse Services: | | valuations: Adult Non-Residential Services Intervention/Education; | Adult Non-Residential S | Sonvicos Coro |
| | Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Resident | ces Outpatient - Groups; Adult Non-Residential Services Outpatient ervices Outpatient - Co-Occurring Treatment; Adult Non-Residentia e Evaluations; Juvenile Non-Residential Services Intervention/Educ tial Services Outpatient - Groups; Juvenile Non-Residential Services renile Non-Residential Services Outpatient - Co-Occurring Treatment | : - Family; Adult Non-Re I Services Intensive Out cation; Juvenile Non-Res s Outpatient - Family; Ju | sidential Services patient Treatment; sidential Services uvenile Non- |
| Mental Health Services: | Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Resident Residential Services Outpatient - Individual; Juv | ces Outpatient - Groups; Adult Non-Residential Services Outpatient ervices Outpatient - Co-Occurring Treatment; Adult Non-Residentia e Evaluations; Juvenile Non-Residential Services Intervention/Educ tial Services Outpatient - Groups; Juvenile Non-Residential Services renile Non-Residential Services Outpatient - Co-Occurring Treatment | : - Family; Adult Non-Re I Services Intensive Out cation; Juvenile Non-Res s Outpatient - Family; Ju | sidential Services patient Treatment; sidential Services uvenile Non- |
| | Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Resident Residential Services Outpatient - Individual; Juv Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); (Outpatient Therapy - Individual-Mental Health; C | ces Outpatient - Groups; Adult Non-Residential Services Outpatient ervices Outpatient - Co-Occurring Treatment; Adult Non-Residentia e Evaluations; Juvenile Non-Residential Services Intervention/Educ ial Services Outpatient - Groups; Juvenile Non-Residential Services renile Non-Residential Services Outpatient - Co-Occurring Treatmen Co-Occurring; Outpatient Therapy Dutpatient Therapy including Group Sessions-Mental Health; Outpat I Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occ | : - Family; Adult Non-Re I Services Intensive Out cation; Juvenile Non-Res s Outpatient - Family; Ju nt; Juvenile Non-Reside tient Therapy - Co-occu | sidential Services patient Treatment; sidential Services uvenile Non- ntial Services rring; Intensive |

| 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; 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: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occu | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Rynearson, Claire | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8521 | (402)455-7050 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eve Evaluations | aluations; Adult Residential Services Therapeutic Community; Juven | ile Assessment Serv | ices Substance Abuse |
| | Pre-Treatment Assessment (bio-psychosocial); C | 5 | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility; Assess | sment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occ | urring | |
| Other Services: | Sliding Fee Scale; | | | |
| Rynearson, Claire | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8521 | (402)455-7050 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eve Evaluations | aluations; Adult Residential Services Therapeutic Community; Juven | ile Assessment Serv | ices Substance Abuse |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility; Assess | sment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occ | urring | |
| Other Services: | Sliding Fee Scale; | | | |
| Sanchez, Laura | AM Counseling and Consulting LLC | 919 Galvin Rd S Bellevue NB 68005 | (402)807-5117 | |
| | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Outpatient - Groups; Adult at - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | vices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occu | urring; Assessment: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Sanchez, Laura | AM Counseling and Consulting LLC | 919 Galvin Rd S Bellevue NB 68005 | (402)807-5117 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | vices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | ing froutinon | |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occu | urring; Assessment: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |

| Name | Agency | Address | Phone | Fax |
|---|--|--|--|--|
| Schlechte, Birgit | Lutheran Family Services of NE Inc | 2301 O St Lincoln NB 68510 | (402)441-7940 | (402)441-8491 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenile |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | Outpatient Therapy | | |
| 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 |
| Mental Health Services: Juvenile Services: | Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin Dutpatient Therapy | es Substance Abuse n-Residential Servic | e Evaluations; Juvenile |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | prvices; | | |
| Schofield, Suzanne | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)619-6077 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Intensive Outpatient T | | Services Outpatient - |
| Schofield, Suzanne | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)619-6077 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Intensive Outpatient T | | Services Outpatient - |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---------------------------|--------------------|
| Schutz, Antoni | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)489-9792 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individual; Adu ervices Substance Abuse Evaluations; Juvenile Non-Residential Services treatment | | |
| Mental Health Services: | | Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Ev | valuation; Outpatient Th | nerapy |
| | Psychological Evaluation; Assessment: Co-Occu | utpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assess rring | sment (Medicaid); Asse | essment: |
| Other Services: | Sliding 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 | | vices Outpatient - Indivi | dual; Juvenile Nor |
| | | co-Occurring; Adults who Sexually Harm Evaluation; Psychological Ev | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Psychological Evaluation; Assessment: Co-Occu | utpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assess | sment (Medicaid); Asse | essment: |
| Other Services: | Sliding Fee Scale; | | | |
| Sebek, Dawn | Bright Path LLC | 2020 SW 5th St Lincoln NB 68522 | (402)430-0758 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Sebek, Dawn | Bright Path LLC | 2020 SW 5th St Lincoln NB 68522 | (402)430-0758 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Sebek, Rick | Bright Path LLC | 2020 SW 5th St Lincoln NB 68522 | (402)430-3639 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| | Agency | Address | Phone | Fax |
|---|--|--|---|---|
| Sebek, Rick E | Bright Path LLC | 2020 SW 5th St Lincoln NB 68522 | (402)430-3639 | |
| Substance Abuse Services: Mental Health Services: C Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Sedlacek, Beau F | Pine Lake Behavioral Health, LLC | 9100 Andermatt Dr Suite 1 Lincoln NB 68526 | (402)434-2730 | (402)434-3970 |
| N | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Adu s Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | amily; Adult Non-Re | sidential Services |
| Mental Health Services: F | Pre-Treatment Assessment (bio-psychosocial); Co | o-Occurring; Outpatient Therapy | | |
| N | Mental Health; Outpatient Therapy - Eating Disord | utpatient Therapy including Group Sessions-Mental Health; Outpatier der; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensiv y-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); | e Outpatient Therap | y-Mental Health; |
| Other Services: S | Sliding Fee Scale; | | | |
| Sedlacek, Beau F | Pine Lake Behavioral Health, LLC | 9100 Andermatt Dr Suite 1 Lincoln NB 68526 | (402)434-2730 | (402)434-3970 |
| N | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Aduss Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services | amily; Adult Non-Re | sidential Services |
| Mental Health Services: F | Pre-Treatment Assessment (bio-psychosocial); Co | o-Occurring; Outpatient Therapy | | |
| N | Mental Health; Outpatient Therapy - Eating Disord | utpatient Therapy including Group Sessions-Mental Health; Outpatier der; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensiv y-Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid) | e Outpatient Therap | y-Mental Health; |
| Other Services: S | Sliding Fee Scale; | | | |
| Shay, Brad C | College View Harmony Health Center | 4719 Prescott Ave Lincoln NB 68506 | (402)413-9147 | (402)261-7149 |
| | 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 Serv venile Non-Residential Services Outpatient - Family; Juvenile Non-R | dult Non-Residential /ices Intervention/Ed | Services Outpatient - lucation; Juvenile |
| C N J | Juvenile Non-Residential Services Outpatient - Co | 6 | | |
| C N J Mental Health Services: F | Juvenile Non-Residential Services Outpatient - Co Pre-Treatment Assessment (bio-psychosocial); Co | 6 | | · |

| Name | Agency | Address | Phone | Fax |
|--|--|---|---|---|
| Shay, Brad | College View Harmony Health Center | 4719 Prescott Ave Lincoln NB 68506 | (402)413-9147 | (402)261-7149 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual ervices Substance Abuse Evaluations; Juvenile Non-Residential \$ uvenile Non-Residential Services Outpatient - Family; Juvenile No co-Occurring Treatment | ; Adult Non-Residential Services Intervention/Ec | Services Outpatient - ducation; Juvenile |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatent: Co-Occurring | tient Therapy - Co-occ | urring; Assessment: |
| Other Services: | | | | |
| Sizer, Elizabeth | Liz Sizer Counseling LLC | 5539 S 27th St Suite 104 Lincoln NB 68512 | (402)261-8313 | |
| | Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O | | n-Residential Services (| Outpatient - Individual |
| Other Services: | | der; Outpatient Therapy - Co-occurring | | Family Sessions- |
| Other Services: Sizer, Elizabeth | | 5539 S 27th St Suite 104 Lincoln NB 68512 | (402)261-8313 | Family Sessions- |
| Sizer, Elizabeth Substance Abuse Services: | Liz Sizer Counseling LLC Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | 5539 S 27th St Suite 104 Lincoln NB 68512 raluations; 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 No so-Occurring Treatment | (402)261-8313 Adult Non-Residential Adult Non-Residential Services Intervention/Ec | Services Outpatient - Services Outpatient - Jucation; Juvenile |
| Sizer, Elizabeth Substance Abuse Services: Mental Health Services: | Liz Sizer Counseling LLC Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O | 5539 S 27th St Suite 104 Lincoln NB 68512 raluations; 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 No o-Occurring Treatment Co-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpat | (402)261-8313 Adult Non-Residential Adult Non-Residential Adult Non-Residential Services Intervention/Econ-Residential Services (| Services Outpatient - Services Outpatient - ducation; Juvenile Outpatient - Individual |
| Sizer, Elizabeth Substance Abuse Services: Mental Health Services: | Liz Sizer Counseling LLC Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disor | 5539 S 27th St Suite 104 Lincoln NB 68512 raluations; 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 No o-Occurring Treatment Co-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpat | (402)261-8313 Adult Non-Residential Adult Non-Residential Adult Non-Residential Services Intervention/Econ-Residential Services (| Services Outpatient - Services Outpatient - ducation; Juvenile Outpatient - Individual |
| Sizer, Elizabeth Substance Abuse Services: Mental Health Services: Juvenile Services: | Liz Sizer Counseling LLC Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disor | 5539 S 27th St Suite 104 Lincoln NB 68512 raluations; 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 No o-Occurring Treatment Co-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpat | (402)261-8313 Adult Non-Residential Adult Non-Residential Adult Non-Residential Services Intervention/Econ-Residential Services (| Services Outpatient - Services Outpatient - ducation; Juvenile Outpatient - Individual |
| Sizer, Elizabeth Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Liz Sizer Counseling LLC Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disor Jenda Family Services, LLC | 5539 S 27th St Suite 104 Lincoln NB 68512 raluations; 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 No co-Occurring Treatment Co-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatient rder; Outpatient Therapy - Co-occurring | (402)261-8313 Adult Non-Residential Adult Non-Residential Pervices Intervention/Econ-Residential Services (h-Residential Services (tient Therapy including | Services Outpatient - Services Outpatient - ducation; Juvenile Outpatient - Individual |
| Sizer, Elizabeth Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Smith, Morgan | Liz Sizer Counseling LLC Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disor Jenda Family Services, LLC | 5539 S 27th St Suite 104 Lincoln NB 68512 raluations; 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 No co-Occurring Treatment Co-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatient rder; Outpatient Therapy - Co-occurring | (402)261-8313 Adult Non-Residential Adult Non-Residential Pervices Intervention/Econ-Residential Services (h-Residential Services (tient Therapy including | Services Outpatient - Services Outpatient ducation; Juvenile Outpatient - Individua |

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

| Name | Agency | Address | Phone | Fax |
|---|---|---|--|---|
| Smith, Morgan | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (308)390-9347 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | Outpatient Therapy - Individual-Mental Health; Outpatient Therap | by including Group Sessions | -Mental Health; |
| Other Services: | Outpatient Therapy including Family Sessions-M | ental Health; Outpatient Therapy - Eating Disorder | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment; Juvenile Assessment ; Juvenile Non-Residential Services Outpatient - Groups; Juven ndividual; Juvenile Non-Residential Services Outpatient - Co-Oc | ual; Adult Non-Residential S Services Substance Abuse I ile Non-Residential Services | ervices Outpatient Evaluations; Juvenil Outpatient - Family |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Out g; Assessment: Pre-Treatment Assessment (Medicaid) | patient Therapy including Fa | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment; Juvenile Assessment ; Juvenile Non-Residential Services Outpatient - Groups; Juven ndividual; Juvenile Non-Residential Services Outpatient - Co-Oc | ual; Adult Non-Residential S Services Substance Abuse I ile Non-Residential Services | ervices Outpatient - Evaluations; Juvenil Outpatient - Family |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Out g; Assessment: Pre-Treatment Assessment (Medicaid) | patient Therapy including Fa | amily Sessions- |
| Other Services: | Sliding Fee Scale; | g, | | |
| Stennis, Gladys | Infinite Avenues Counseling | 7117 Farnam St Suite 17 Omaha NB 68132 | (402)905-6296 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations | | |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Other Services: | Sliding Eoo Scolo: | | | |

Other Services: Sliding Fee Scale;

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

| Name | Agency | Address | Phone | Fax |
|---|--|---|--|---------------------|
| Stennis, Gladys | Infinite Avenues Counseling | 7117 Farnam St Suite 17 Omaha NB 68132 | (402)905-6296 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations | | |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Other Services: | Sliding Fee Scale; | | | |
| Stratton, Elizabeth | Catalyst Alternative Therapy Solutions & Life Coaching | 10320 Mary St Omaha NB 68122 | (402)957-4841 | |
| | Family; Adult Non-Residential Services Outpatier Pre-Treatment Assessment (bio-psychosocial); C | raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr co-Occurring; Outpatient Therapy | | vices Outpatient - |
| Stratton, Elizabeth | Catalyst Alternative Therapy Solutions & Life Coaching | 10320 Mary St Omaha NB 68122 | (402)957-4841 | |
| | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurr https://www.commonsci.com/commonscience/commo | | vices Outpatient - |
| Juvenile Services: Other Services: | | | | |
| Sullivan, Erica | Erica JW Sullivan, LLC | 8101 O Street Ste 300 Lincoln NB 68510 | (402)882-2226 | (888)959-0716 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juver dential Services Out | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatie ent: Mental Status Exam (MSE); Assessment: Co-Occurring | nt Therapy - Co-occu | urring; 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 Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrir | ing Treatment; Juver dential Services Out | nile Assessment |

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

| Name | Agency | Address | Phone | Fax |
|---|---|--|---|---------------------|
| | | utpatient Therapy including Family Sessions-Mental Health; (nent: Mental Status Exam (MSE); Assessment: Co-Occurring | Outpatient Therapy - Co-occ | urring; Assessment: |
| Other Services: | | | | |
| Tamayo, Kelly | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)590-2947 | (402)590-2030 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Educa ent - Family; Adult Non-Residential Services Outpatient - Indiv Services Substance Abuse Evaluations; Juvenile Non-Resider Ivenile Non-Residential Services Outpatient - Individual; Juve | vidual; Adult Non-Residential ntial Services Intervention/Ec | Services Outpatient |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Psychological Evaluation; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; (nent Assessment (Medicaid); Assessment: Outpatient Psychi | | |
| Other Services: | | | | |
| Tamayo, Kelly | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)590-2947 | (402)590-2030 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Family; Ju Occurring Treatment | valuations; Adult Non-Residential Services Intervention/Educa ent - Family; Adult Non-Residential Services Outpatient - Indiv Services Substance Abuse Evaluations; Juvenile Non-Resider Ivenile Non-Residential Services Outpatient - Individual; Juve | vidual; Adult Non-Residential ntial Services Intervention/Ec | Services Outpatient |
| | Outpatient Therapy - Individual-Mental Health; O | Co-Occurring; Psychological Evaluation; Outpatient Therapy outpatient Therapy including Family Sessions-Mental Health; (nent Assessment (Medicaid); Assessment: Outpatient Psychi | | |
| Other Services: | | | | |
| Taylor, Nathaniel | Integrated Behavioral Health Services | 2615 "O" street, Suite 4 Lincoln NB 68510 | (402)450-8645 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Group | os; Adult Non-Residential Se | rvices Outpatient - |
| Mental Health Services: | Individual; Adult Non-Residential Services Outpa Co-Occurring; Outpatient Therapy | tient - Co-Occurring Treatment | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Taylor, Nathaniel | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)450-8645 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Educa ent - Individual; Adult Non-Residential Services Outpatient - C | | |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |

| Name | Agency | Address | Phone | Fax |
|---|--|--|---|--|
| Other Services: | | | | |
| Taylor, Nathaniel | Integrated Behavioral Health Services | 2615 "O" street, Suite 4 Lincoln NB 68510 | (402)450-8645 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E Individual; Adult Non-Residential Services Outpat | valuations; Adult Non-Residential Services Outpatient - Grou | ps; Adult Non-Residential Servi | ces Outpatient - |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Taylor, Nathaniel | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)450-8645 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Educ ent - Individual; Adult Non-Residential Services Outpatient - C | , | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| 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-Resident | valuations; Adult Non-Residential Services Intervention/Educ ces Outpatient - Groups; Adult Non-Residential Services Outp ervices Outpatient - Co-Occurring Treatment; Adult Non-Reside e Evaluations; Juvenile Non-Residential Services Interventior ial Services Outpatient - Groups; Juvenile Non-Residential Services Parke Negroups Participation Concerning Concerning Treatment is a service Residential Services Outpatient - Googening Concerning Treatment is a service Residential Services Outpatient - Googening Concerning Treatment is a service Residential Services Outpatient - Googening Concerning Treatment is a service of the service outpatient - Googening Concerning Treatment - Googening Concerning Treatment is a service outpatient - Googening Concerning Treatment - Googening Concerning Concernin | atient - Family; Adult Non-Resi dential Services Intensive Outpa /Education; Juvenile Non-Resid ervices Outpatient - Family; Juv | dential Services itient Treatment; |
| | Residential Services Outpatient - Individual; Juv Intensive Outpatient Treatment | enile Non-Residential Services Outpatient - Co-Occurring The | atment; Juvenile Non-Resident | |
| Mental Health Services: | Residential Services Outpatient - Individual; Juv Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); (| · · · | atment; Juvenile Non-Resident | |
| Mental Health Services: Juvenile Services: | Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); | · · · | atment; Juvenile Non-Resident | |
| Juvenile Services: | Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); | · · · | atment; Juvenile Non-Resident | |
| Juvenile Services: | Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); | · · · | atment; Juvenile Non-Resident (402)441-7940 | |
| Juvenile Services: Other Services: Thomas, Christina | Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); Sliding Fee Scale; Lutheran Family Services of NE Inc Adult Assessment Services Substance Abuse E Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Resident Residential Services Outpatient - Individual; Juv | Co-Occurring; Outpatient Therapy | (402)441-7940 ation; Adult Non-Residential Se batient - Family; Adult Non-Residential Services Intensive Outpat /Education; Juvenile Non-Residervices Outpatient - Family; Juv | al Services rvices Care dential Services tient Treatment; lential Services enile Non- |
| Juvenile Services: Other Services: Thomas, Christina Substance Abuse Services: | Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); Sliding Fee Scale; Lutheran Family Services of NE Inc Adult Assessment Services Substance Abuse E Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Resident | Co-Occurring; Outpatient Therapy 2301 O St Lincoln NB 68510 valuations; Adult Non-Residential Services Intervention/Educ ces Outpatient - Groups; Adult Non-Residential Services Outp ervices Outpatient - Co-Occurring Treatment; Adult Non-Reside e Evaluations; Juvenile Non-Residential Services Interventior ial Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Interventior ial Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residentia Services Outpatient - Groups | (402)441-7940 ation; Adult Non-Residential Se batient - Family; Adult Non-Residential Services Intensive Outpat /Education; Juvenile Non-Residervices Outpatient - Family; Juv | al Services rvices Care dential Services tient Treatment; lential Services enile Non- |
| Juvenile Services: Other Services: Thomas, Christina Substance Abuse Services: | Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); Sliding Fee Scale; Lutheran Family Services of NE Inc Adult Assessment Services Substance Abuse E Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Services Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Resident Residential Services Outpatient - Individual; Juv Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring; Outpatient Therapy 2301 O St Lincoln NB 68510 valuations; Adult Non-Residential Services Intervention/Educ ces Outpatient - Groups; Adult Non-Residential Services Outp ervices Outpatient - Co-Occurring Treatment; Adult Non-Reside e Evaluations; Juvenile Non-Residential Services Interventior ial Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Interventior ial Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residentia Services Outpatient - Groups | (402)441-7940 ation; Adult Non-Residential Se batient - Family; Adult Non-Residential Services Intensive Outpat /Education; Juvenile Non-Residervices Outpatient - Family; Juv | al Services rvices Care dential Services tient Treatment; lential Services enile Non- |

| Name | Agency | Address | Phone | Fax |
|---|---|--|---|---|
| Thompson, Jessie | Lutheran Family Services of NE Inc | 2301 O St Lincoln NB 68510 | (402)441-7940 | (402)441-8491 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | raluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se Evaluations; Juvenile Non-Residential Services Intervention/Education al Services Outpatient - Groups; Juvenile Non-Residential Services O enile Non-Residential Services Outpatient - Co-Occurring Treatment; A | amily; Adult Non-Re prvices Intensive Ou on; Juvenile Non-Re utpatient - Family; J | esidential Services tpatient Treatment; esidential Services uvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| 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 |
| 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; 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 - Family; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Thompson, Sandy | Choice*Change*Consequence, LLC | 1645 N Street Lincoln NB 68508 | (402)450-4409 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Thompson, Sandy | Choice*Change*Consequence, LLC | 1645 N Street Lincoln NB 68508 | (402)450-4409 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |

| Name | Agency | | Address | Phone | Fax |
|---|--|--|--|--|---|
| Tostenson, Dawn | Stephen Center | 5217 S 28th St | Omaha NB 68107 | (402)715-5440 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Juvenile Non-Residential Services Intervention/E - Family; Juvenile Non-Residential Services Outp Residential Services Intensive Outpatient Treatm | nt - Family; Adult No Services Intensive O Residential Service ducation; Juvenile N atient - Individual; J | on-Residential Services Outpatient - Individual; Ad utpatient Treatment; Adult Residential Services D s Short Term Residential; Juvenile Assessment S Ion-Residential Services Outpatient - Groups; Juv | dult Non-Residentia Dual Residential (MH Services Substance venile Non-Resident | I Services Outpatient - I/SA); Adult Abuse Evaluations; ial Services Outpatien |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | | |
| Juvenile Services: | | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Tostenson, Dawn | Stephen Center | 5217 S 28th St | Omaha NB 68107 | (402)715-5440 | |
| Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Extended Residential; Adult Juvenile Non-Residential Services Intervention/E - Family; Juvenile Non-Residential Services Outp Residential Services Intensive Outpatient Treatm Co-Occurring; Outpatient Therapy Sliding Fee Scale; | Services Intensive O Residential Service ducation; Juvenile N atient - Individual; J | utpatient Treatment; Adult Residential Services D s Short Term Residential; Juvenile Assessment S Ion-Residential Services Outpatient - Groups; Juv | Dual Residential (MH Services Substance venile Non-Resident | I/SA); Adult Abuse Evaluations; ial Services Outpatien |
| Trauernicht, Joellyn | Blue Valley Behavioral Health | 1123 N 9th St | Beatrice NB 68310 | (402)228-3386 | (402)228-2004 |
| Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Extended Residential Pre-Treatment Assessment (bio-psychosocial); C Sliding Fee Scale; | nt - Individual; Adult | Non-Residential Services Intensive Outpatient T | | |
| Trauernicht, Joellyn | Blue Valley Behavioral Health | 1123 N 9th St | Beatrice NB 68310 | (402)228-3386 | (402)228-2004 |
| | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Extended Residential Pre-Treatment Assessment (bio-psychosocial); C | nt - Individual; Adult | Non-Residential Services Intensive Outpatient T | | |
| Other Services: | Sliding Fee Scale; | | | | |

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|---|--|--|---|---------------------------------------|
| Name | Agency | Address | Phone | Fax |
| Trotter, Helen | 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: Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Trotter, Helen | 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: | Medication Evaluation | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Unruh, Angela | | 1821 Prospect St. Lincoln NB 68502 | (402)740-6900 | |
| Substance Abuse Services: | Adult Residential Services Extended Residential | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Unruh, Angela | | 1821 Prospect St. Lincoln NB 68502 | (402)740-6900 | |
| Substance Abuse Services: | Adult Residential Services Extended Residential | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| 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/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Non-Residential Services Intervention/Education; Juvenile Non-Resi ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrir | ing Treatment; Juve dential Services Out | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Eating Disor Mental Status Exam (MSE) | utpatient Therapy including Group Sessions-Mental Health; Outpatien rder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment | nt Therapy including Assessment (Medica | Family Sessions- aid); Assessment: |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|--|---|--|-----------------|
| VanLaningham, Amanda | Blue Valley Behavioral Health | 1212 Ivy Ave Suite 2 Crete NB 68333 | (402)826-2000 | (402)826-2655 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Adu t - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Non-Residential Services Intervention/Education; Juvenile Non-Resid dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | ng Treatment; Juve dential Services Out | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | 1 12 | utpatient Therapy including Group Sessions-Mental Health; Outpatien der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment / | 1,2 0 | |
| Other Services: | Sliding Fee Scale; | | | |
| Velasquez, Jesus | Blue Valley Behavioral Health | 3901 Normal Blvd #201 Lincoln NB 68506 | (402)657-2737 | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual | aluations; Adult Non-Residential Services Intervention/Education; Adu es Outpatient - Groups; Adult Non-Residential Services Outpatient - F | | |
| | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Velasquez, Jesus | Blue Valley Behavioral Health | 3901 Normal Blvd #201 Lincoln NB 68506 | (402)657-2737 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adu so Outpatient - Groups; Adult Non-Residential Services Outpatient - F | | |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Volnek, Ashley | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-8748 | (402)475-6728 |
| Substance Abuse Services: | Adult Residential Services Dual Residential (MH/ | SA) | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---------------------|
| Volnek, Ashley | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-8748 | (402)475-6728 |
| Substance Abuse Services: | Adult Residential Services Dual Residential (MH/ | /SA) | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Waity, Cheryl | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien g: Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |
| Other Services: | | | J. J | |
| Waity, Cheryl | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | 1 12 | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | 1, 0 | Family Sessions- |
| Other Services: | | ,,,,,,,,,,, | 3 | |
| Walker, Jeffery | All Communities Outreach Services | 112 E Mission Ave Bellevue NB 68005 | (402)257-1122 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Non-Tre | eatment: Anger Management Class; Non-Treatment: General Educati | on Class; Non-Treat | ment: Family Partne |
| Other Services: | Bilingual Services; | | | |
| Walker, Jeffery | All Communities Outreach Services | 112 E Mission Ave Bellevue NB 68005 | (402)257-1122 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Non-Tre | eatment: Anger Management Class; Non-Treatment: General Educati | on Class; Non-Treat | ment: Family Partne |
| | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|--|--|---|---------------------------------------|
| Walls, Scott | KICKS Counseling | 237 S 70th St Ste 108 Lincoln NB 68510 | (402)483-5425 | |
| Substance Abuse Services: | | | . , | |
| | Pre-Treatment Assessment (bio-psychosocial); (| Dutpatient Therapy Putpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | Oupatient merapy - maindua-mental nearth, O | | | |
| Walls, Scott | KICKS Counseling | 237 S 70th St Ste 108 Lincoln NB 68510 | (402)483-5425 | |
| Substance Abuse Services: | | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; O | outpatient Therapy including Family Sessions-Mental Health | | |
| Weber, Elizabeth | St Monica's | 120 Wedgewood Dr. Lincoln NB 68510-2431 | (402)441-3768 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Weber, Elizabeth | St Monica's | 120 Wedgewood Dr. Lincoln NB 68510-2431 | (402)441-3768 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Educatio ent - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; 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: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Educatio ent - Family; Adult Non-Residential Services Outpatient - Individ Services Substance Abuse Evaluations; Juvenile Non-Residentia uvenile Non-Residential Services Outpatient - Family; Juvenile I Co-Occurring Treatment | ual; Adult Non-Residential S al Services Intervention/Educ | ervices Outpatient ation; Juvenile |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Ou g; Assessment: Co-Occurring | tpatient Therapy including Fa | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Δαορογ | Address | Phone | Fax |
|---------------------------------------|--|--|----------------------|---|
| Name | Agency | Address | Fliolle | Гах |
| 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 Services | 5 | dult Non-Residential | Services Outpatient - ducation; Juvenile |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien | t Therapy including | Family Sessions- |
| Wilcoxen, Colette | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68526 | (402)483-6999 | (402)483-7045 |
| | Pre-Treatment Assessment (bio-psychosocial); O Outpatient Therapy - Individual-Mental Health; Ou Mental Health | utpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatien | t Therapy including | Family Sessions- |
| Wilcoxen, Colette | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68526 | (402)483-6999 | (402)483-7045 |
| | Pre-Treatment Assessment (bio-psychosocial); O Outpatient Therapy - Individual-Mental Health; Ou Mental Health | utpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatien | t 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 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- |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessment | utpatient Therapy including Family Sessions-Mental Health; Outpatier ent: Co-Occurring | nt Therapy - Co-occ | urring; Assessment: |

| 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: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult I ient - Co-Occurring Treatment; Juvenile Assessment Services Subst Non-Residential Services Outpatient - Individual; Juvenile Non-Res | ance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatien | nt Therapy - Co-occ | urring; Assessment: |
| Other Services: | Pre-Treatment Assessment (Medicaid); Assessm | ent: Co-Occurring | | |
| Wilson, Emily | Peoples City Mission | 110 Q St Lincoln NB 68501 | (402)475-1303 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Wilson, Emily | Peoples City Mission | 110 Q St Lincoln NB 68501 | (402)475-1303 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Worley, Sarah | Daring Minds Therapy, LLC | 2001 Pine Lake Rd, Suite 200 Lincoln NB 68512 | (531)289-1005 | (531)289-1002 |
| | Family; Adult Non-Residential Services Outpatien Substance Abuse Evaluations; Juvenile Non-Res | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | utpatient Therapy including Family Sessions-Mental Health; Outpatien | at Thoropy Co. and | urring: Accomment: |
| Juvernie Services. | | ent: Mental Status Exam (MSE); Assessment: Co-Occurring | ni merapy - Co-occi | uning, Assessment. |
| Other Services: | Sliding Fee Scale; | | | |
| Worley, Sarah | Daring Minds Therapy, LLC | 2001 Pine Lake Rd, Suite 200 Lincoln NB 68512 | (531)289-1005 | (531)289-1002 |
| | | I I I I I I I I I I I I I I I I I I I | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | 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; | ent. mentai Status Exam (mSE), ASSessment. Co-Occuming | | |

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

| Name | Agency | Address | Phone | Fax |
|---|--|---|---|--|
| Zinke, Monica | Fresh Start | 6433 Havelock Avenue Lincoln NB 68507 | (402)475-7777 | (402)475-7779 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Zinke, Monica | Fresh Start | 6433 Havelock Avenue Lincoln NB 68507 | (402)475-7777 | (402)475-7779 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Zlomke, Leland | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | Juvenile Youth Who Sexually Harm Evaluation (YWSH); Pre-Tre | atment Assessment (bio-psyc | chosocial); Adults v |
| | Sexually Harm Evaluation; Psychological Eva | | | |
| luvonilo Sonvicoo | Outpatient Therapy Individual Mantal Healt | b: Outpatient Therapy including Croup Sessions Montal Health: | Outpotiont Thoropy including | Eamily Sacaiona |
| Juvenile Services: | | h; Outpatient Therapy including Group Sessions-Mental Health; (Vho Sexually Harm; Outpatient Therapy - Eating Disorder; Asses | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth W | | sment: Pre-Treatment Asses | sment (Medicaid); |
| Juvenile Services: Other Services: | Mental Health; Outpatient Therapy - Youth W | Vho Sexually Harm; Outpatient Therapy - Eating Disorder; Asses | sment: Pre-Treatment Asses | sment (Medicaid); |
| | Mental Health; Outpatient Therapy - Youth W | Vho Sexually Harm; Outpatient Therapy - Eating Disorder; Asses | sment: Pre-Treatment Asses | sment (Medicaid); |
| Other Services: | Mental Health; Outpatient Therapy - Youth W Assessment: Mental Status Exam (MSE); As | Vho Sexually Harm; Outpatient Therapy - Eating Disorder; Asses sessment: Psychological Evaluation; Assessment: Juvenile Who | sment: Pre-Treatment Asses Sexually Harm Risk Assess | sment (Medicaid); ment |
| Other Services: Zlomke, Leland Substance Abuse Services: | Mental Health; Outpatient Therapy - Youth W Assessment: Mental Status Exam (MSE); As Nebraska Mental Health Centers | Vho Sexually Harm; Outpatient Therapy - Eating Disorder; Asses sessment: Psychological Evaluation; Assessment: Juvenile Who | sment: Pre-Treatment Asses Sexually Harm Risk Assess (402)483-6990 | sment (Medicaid); ment (402)483-7045 |
| Other Services: Zlomke, Leland Substance Abuse Services: Mental Health Services: | Mental Health; Outpatient Therapy - Youth W Assessment: Mental Status Exam (MSE); As Nebraska Mental Health Centers Juvenile Pre-Treatment Assessment (PTA); Sexually Harm Evaluation; Psychological Eva | Vho Sexually Harm; Outpatient Therapy - Eating Disorder; Asses seessment: Psychological Evaluation; Assessment: Juvenile Who 4545 S 86th St Lincoln NB 68520 Juvenile Youth Who Sexually Harm Evaluation (YWSH); Pre-Tre | sment: Pre-Treatment Asses Sexually Harm Risk Assess (402)483-6990 atment Assessment (bio-psyc | sment (Medicaid); ment (402)483-7045 chosocial); Adults v |

Other Services:

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

| Name | Agency | Address | Phone | Fax |
|---|---|--|---|---|
| Bear, Angela | Beacon of Hope Counseling Center LLC | 308 W 4th St North Platte NB 69101 | (308)532-0777 | |
| | | • | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; / | | |
| 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: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| | | ommunity Treatment Aide; Assessment: Pre-Treatment Assessment | (Medicaid) | |
| Other Services: | | | (| |
| 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; | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin Co-Occurring: Outpatient Therapy | dult Non-Residential es Substance Abusen n-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| | 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; Hearing Impaired; | | | |
| Carlson, Scott | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)658-3737 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: Juvenile Services: | | | | |
| Other Services: | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax | | |
|---------------------------------------|---|--|---|---|--|--|
| | 3 , | | | | | |
| 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 Outpat Assessment Services Substance Abuse Evaluation | ult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - lividual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile sessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - lividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment - lividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (Me | utpatient Therapy including Family Sessions-Mental Health; Assessm SE) | ent: Pre-Treatment | Assessment | | |
| Other Services: | | | | | | |
| Cleveland, Sharley | Inner Reflections Counseling Center | 101 S. Chestnut, Suite 2 North Platte NB 69101 | (308)221-6902 | (308)221-6904 | | |
| 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; Juver Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Fam Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment Juvenile Pre-Treatment Assessment (PTA); Juvenile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatien Therapy Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring | | | | | |
| Other Services: | Sliding Fee Scale; | | | C C | | |
| Corbett, Ashley | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (308)530-9925 | (308)534-6540 | | |
| Substance Abuse Services: | | | | | | |
| Mental Health Services: | Outpatient Therapy | | | | | |
| Juvenile Services: Other Services: | | | | | | |
| 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; Ad ant - Family; Adult Non-Residential Services Outpatient - Individual; A rices Substance Abuse Evaluations; Juvenile Non-Residential Service le Non-Residential Services Outpatient - Family; Juvenile Non-Reside patient Treatment | dult Non-Residential es Intervention/Educa | Services Intensive ation; Juvenile Non- | | |
| Mental Health Services: | | | o | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Non-Tre Placement Program; Non-Treatment: Family Part | atment: Anger Management Class; Non-Treatment: General Education termination of the second structure o | on Class; Non-Treati | ment: Employment | | |
| Other Services: | Bilingual Services; | | | | | |

| Name | Agency | Address | Phone | Fax |
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| Dirks, Tamara | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)461-4960 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Adult Services Intervention/Education; Adult es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential S | Family; Adult Non-Re | esidential Services |
| Mental Health Services: Juvenile Services: | Co-Occurring; Outpatient Therapy | | | |
| Other Services: | Sliding Fee Scale; | | | |
| DuBay, Michelle | Turning the Mind Therapy | 4611 S 96th St Suite 232 Omaha NB 68127 | (402)301-7518 | |
| | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa Co-Occurring; Outpatient Therapy | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tient - Co-Occurring Treatment | Non-Residential Se | rvices Outpatient - |
| Eickhoff, Moriah | Moriah Eickhoff Counseling LLC | 121 N Willow North Platte NB 69101 | (308)221-6868 | (308)221-6868 |
| | Individual; Adult Non-Residential Services Outpa | raluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subs e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | tance Abuse Evaluat | ions; Juvenile Non- |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occ | urring; Assessment: |
| Fear, Janet | Lutheran Family Services of NE Inc | 120 East 12th St. North Platte NB 69101 | (308)532-0587 | (308)696-3263 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tient - Co-Occurring Treatment; Adult Non-Residential Services Inter | | |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Other Services: | Sliding Fee Scale; | | | |
| Feldman, Theresa | Beacon of Hope Counseling Center LLC | 308 W 4th St North Platte NB 69101 | (308)532-0777 | (308)532-0389 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser uvenile Non-Residential Services Outpatient - Family; Juvenile Non-F o-Occurring Treatment | dult Non-Residential | Services Outpatient |

| Name | Agency | Address | Phone | Fax |
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| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assess | sment (bio-psychosocial); Co-O | ccurring; Outpatient |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | atient Therapy - Individual-Mental Health; Outpatient Thera ental Health; Outpatient Therapy - Co-occurring; Intensive Therapy-Co-occurring; Assessment: Pre-Treatment Asses | Outpatient: Intensive Outpatien | t Therapy-Mental |
| Other Services: | | | | |
| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Adults who Sexually Harm Evaluation; Outpa | tient Therapy | |
| | Outpatient Therapy including Family Sessions-Me Pre-Treatment Assessment (Medicaid); Assessm | atient Therapy - Individual-Mental Health; Outpatient Thera ental Health; Outpatient Therapy - Eating Disorder; Day Tro ent: Mental Status Exam (MSE) | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hageman, Wendy | Beacon of Hope Counseling Center LLC | 308 W 4th St North Platte NB 69101 | (308)532-0777 | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/Er Outpatient - Groups; Juvenile Non-Residential Se Services Outpatient - Co-Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Edu es Outpatient - Groups; Adult Non-Residential Services Ou vices Outpatient - Co-Occurring Treatment; Juvenile Asses ducation; Juvenile Non-Residential Services Care Monitori ervices Outpatient - Family; Juvenile Non-Residential Servi | tpatient - Family; Adult Non-Re ssment Services Substance Ab ng SA/MH; Juvenile Non-Resid | sidential Services use Evaluations; lential Services |
| | Pre-Treatment Assessment (bio-psychosocial); O | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Eating Disord | utpatient Therapy including Group Sessions-Mental Health der | ; Outpatient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Hill, Jenee | Lotus Counseling LLC | 409 N Jeffers St North Platte NB 69101 | (308)532-5565 | (308)532-5575 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | dividual; Adult Non-Residential lential Services Intervention/Ed | Services Outpatient - ucation; Juvenile |
| | Pre-Treatment Assessment (bio-psychosocial); C | | Output in the set of the set | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health der; Outpatient Therapy - Co-occurring; Assessment: Pre- curring | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Kimzey Jr, LLoyd | Behavioral Medicine Associates LLC | 306 W 4th St North Platte NB 69101 | (308)534-4872 | (308)534-5653 |
| | | Treatment Assessment (bio-psychosocial); Co-Occurring; Psychologi aid); Assessment: Mental Status Exam (MSE); Assessment: Psychol | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; In | t Therapy Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental H rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment | ealth; Outpatient The this intensive Outpati | erapy - Youth Who ent: Intensive |
| Other Services: | | | | |
| Landfried, Spring | Inner Reflections Counseling Center | 101 S. Chestnut, Suite 2 North Platte NB 69101 | (308)221-6902 | (308)221-6904 |
| 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 Juvenile Pre-Treatment Assessment (PTA); Juve Therapy Outpatient Therapy - Individual-Mental Health; Outpatient | enile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; | dult Non-Residential vices Intervention/Ec tesidential Services psychosocial); Co-C nt Therapy including | Services Outpatient ducation; Juvenile Outpatient - Individua Occurring; Outpatient Family Sessions- |
| 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 | • | dult Non-Residential vices Intervention/Ec | Services Outpatient |
| | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| Other Services: | | der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment | | |

| Name | Agency | Address | Phone | Fax |
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| Lewis, Ashley | The Connection Homeless Shelter Inc | 414 E 6th St North Platte NB 69101 | (308)532-5050 | (308)532-3863 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services. | Hearing Impaired; Bilingual Services; | | | |
| Lieske, Donald | Alabaster LLC DBA Alabaster Counseling | 1300 E 4th St Ste C North Platte NB 69101 | (402)314-0673 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Outpatient - Groups; Juvenile Non-Reside | ring Treatment; Juve | enile Assessment |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Lund, Dave | | 108 East 2nd Street North Platte NB 69101 | (308)534-9271 | (308)534-1447 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile | raluations; Adult Non-Residential Services Outpatient - Groups; Adult ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- amily; Juvenile Non-Residential Services Outpatient - Individual; Juve ial Services Intensive Outpatient Treatment | ing Treatment; Adult Residential Services | t Non-Residential s Outpatient - Groups |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien | nt Therapy including | Family Sessions- |
| 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 Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | 6 | dult Non-Residential vices Intervention/Ec | Services Outpatient lucation; Juvenile |
| | Pre-Treatment Assessment (bio-psychosocial); C | ,o-Occurring; Outpatient Therapy reatment: Mentoring; Outpatient Therapy - Individual-Mental Health; | Outpatient Therapy i | ncluding Group |
| | Sessions-Mental Health; Outpatient Therapy inclu | uding Family Sessions-Mental Health; Assessment: Co-Occurring | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| McIntosh, Barbara Huie | Alabaster LLC DBA Alabaster Counseling | 1300 E 4th St Ste C North Platte NB 69101 | (308)532-0083 | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Juvenile Assessment Serv Residential Services Care Monitoring SA/MH; Juv Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Ac es Outpatient - Groups; Adult Non-Residential Services Outpatient - I vices Substance Abuse Evaluations; Juvenile Non-Residential Servicevenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Se | Family; Adult Non-Receives Intervention/Educ | esidential Services cation; Juvenile Non- |
| Mental Health Services: | Non-Treatment: Anger Management Class | | | |
| | Sliding Fee Scale; | | | |
| | - | | | |
| Metoyer, Shaun | B.A.M.B. LLC | 1847 N 17th St Omaha NB 68110 | (402)957-5290 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Morse, Stephaine | Platte Valley Counseling, LLC | 409 North Jeffers North Platte NB 69101 | (308)532-5565 | (308)532-5575 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | 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 - Co-Occurrin | ring Treatment; Juve idential Services Ou | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assessn SE) | nent: Pre-Treatment | Assessment |
| Other Services: | | | | |
| Musil, Randa | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (308)520-9026 | (308)534-6540 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Price-Wells, Cherisa | ResCare Workforce Services | 3720 N 27th St Ste 6 Lincoln NB 68521 | (402)458-4925 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Raney, Sandra | Community Justice Center | 211 North 14th St, Suite 314 Lincoln NB 68508 | (308)225-4335 | (308)633-2020 |
| Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C Sliding Fee Scale; | co-Occurring; Adults who Sexually Harm Evaluation; Outpatient Thera | ару | |
| Shimmin, Jeanie | Therapeutic Choices LLC | 218 E B ST North Platte NB 69101 | (308)221-5288 | (308)221-5306 |
| | Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O | Outpatient Therapy utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Eating | Disorder |
| Spencer, Jennifer | Region II- Human Services | 110 N. Bailey North Platte NB 69103-1208 | (308)534-6029 | (308)534-6961 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subst e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | ance Abuse Evaluat | tions; Juvenile Non- |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Co-Occurring | nt Therapy including | Family Sessions- |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| 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; | aluations; Adult Non-Residential Services Intervention/Education; Ad Int - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- Individual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residentia ces Substance Abus n-Residential Servic | l Services Outpatient e Evaluations; Juvenil ces Outpatient - Family |
| | Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O | Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; | | | |
| Stennis, Gladys | Infinite Avenues Counseling | 7117 Farnam St Suite 17 Omaha NB 68132 | (402)905-6296 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual co-Occurring; Adults who Sexually Harm Evaluation; Psychological E | Abuse Evaluations; | luvenile Non- |
| | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpati t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); / | nt Therapy including ent: Intensive Outpati | Family Sessions- ent Therapy-Youth |
| Other Services: | Sliding Fee Scale; | J | | |
| Sukup, Jennifer | First Step to Freedom | 516 North Dewey, suite 1 North Platte NB 69101 | (308)660-3257 | (800)616-0783 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evaluation | ons | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Adults who Sexually Harm Evaluation; Outpatient Thera | ару | |
| Juvenile Services: | | aid); Assessment: Mental Status Exam (MSE); Assessment: Juvenile | Who Sexually Harm | Risk Assessment; |
| Other Services: | Assessment: Co-Occurring | | | |
| Waity, Cheryl | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien | | Family Sessions- |
| | Mental Health; Outpatient Therapy - Co-occurring | g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | Co-Occurring | |
| Other Services: | | | | |
| Nalker, Jeffery | All Communities Outreach Services | 112 E Mission Ave Bellevue NB 68005 | (402)257-1122 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Non-Tre | atment: Anger Management Class; Non-Treatment: General Educati | on Class; Non-Treatr | ment: Family Partne |

| Name | Agency | Address | Phone | Fax |
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| Hamo | Ageney | 7,441000 | | . ux |
| Other Services: | Bilingual Services; | | | |
| Weber, Kristi | Weber Behavioral Health | 942 N 13th Geneva NB 68361 | (402)759-3802 | (402)759-3803 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations; Adult Non-Residential Services Outpatient - Co-Occ | urring Treatment | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Outpatient Therapy | ; Medication Evaluation | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; As Evaluation; Assessment: Mental Status Exam (MSE); Assessme | | |
| Other Services: | Sliding Fee Scale; | | | |
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)383-1622 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | ual; Adult Non-Residential al Services Intervention/Ec | Services Outpatient - lucation; Juvenile |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Ou g; Assessment: Co-Occurring | tpatient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Young, Sandra | Inner Reflections Counseling Center | 101 S. Chestnut, Suite 2 North Platte NB 69101 | (308)221-6902 | (308)221-6904 |
| | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenil Juvenile Non-Residential Services Outpatient - F Outpatient Treatment | valuations; Adult Non-Residential Services Outpatient - Groups; nt - Individual; Adult Non-Residential Services Outpatient - Co- e Assessment Services Substance Abuse Evaluations; Juvenile amily; Juvenile Non-Residential Services Outpatient - Individua | Occurring Treatment; Adult e Non-Residential Services | Non-Residential |
| | Pre-Treatment Assessment (bio-psychosocial); C | | accoment Dro Treater ant | Accoment |
| Juvenile Services: | (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; As | sessment: Pre-Treatment | Assessment |

| Name | Agency | Address | Phone | Fax |
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| Brandyberry, Kyle | Heartland Counseling | 110 N Bailey PO Box 1209 North Platte NB 69101 | (308)534-6029 | (308)534-6961 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin Co-Occurring: Outpatient Therapy | Adult Non-Residential ces Substance Abus on-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Content of the second s | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | | |
| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Adults who Sexually Harm Evaluation; Outpatient There | apy | |
| Juvenile Services: | | atient Therapy - Individual-Mental Health; Outpatient Therapy includi ental Health; Outpatient Therapy - Eating Disorder; Day Treatment D ient: Mental Status Exam (MSE) | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hageman, Wendy | Beacon of Hope Counseling Center LLC | 308 W 4th St North Platte NB 69101 | (308)532-0777 | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E | aluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Se ducation; Juvenile Non-Residential Services Care Monitoring SA/MH ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient Dutpatient Therapy | Family; Adult Non-Re ervices Substance Al I; Juvenile Non-Resid | esidential Services buse Evaluations; dential Services |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Health; Outpatie | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|-------------------------|--|---|--|--|
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Edu nt - Family; Adult Non-Residential Services Outpatient - Inc Services Intensive Outpatient Treatment; Juvenile Assessm 5 Juvenile Non-Residential Services Outpatient - Groups; Ju dividual; Juvenile Non-Residential Services Outpatient - Co | lividual; Adult Non-Residential S ent Services Substance Abuse Ivenile Non-Residential Service | Services Outpatient Evaluations; Juvenil s Outpatient - Family |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | Dutpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; g; Assessment: Pre-Treatment Assessment (Medicaid) | Outpatient Therapy including F | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Grou ive Outpatient Treatment; Juvenile Assessment Services Si le Non-Residential Services Outpatient - Individual co-Occurring; Adults who Sexually Harm Evaluation; Psycho | ubstance Abuse Evaluations; Ju | uvenile Non- |
| | Outpatient Therapy - Individual-Mental Health; Ou | utrationt Thorapy including Group Sossions Montal Health: | Outpatient Therapy including F | amily Speciane- |

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|--|--|--|---|
| Boyce, Shelley | Shelley K Boyce, LIMHP, CPC | 314 S 14th St Suite 101 Ord NB 68862 | (308)728-9979 | (308)728-9980 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Eating I | Disorder |
| Other Services: | Sliding Fee Scale; | | | |
| Brugger, Keri | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)382-5297 | (308)382-5315 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | raluations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: Other Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |
| | | | | |
| 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 | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | utpatient Therapy - Co-occurring; Assessment: Co-Occurring | | |
| Other Services: | | upatient merapy - Co-occuming, Assessment. Co-Occuming | | |
| 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; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A al Services Intervention/Education; Juvenile Non-Residential Service e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | dult Non-Residential s 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; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---|
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Outpatient | Therapy | | |
| | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; Ir | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental Health; rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health thensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme ement: Juvenile Who Sexually Harm Risk Assessment | ealth; Outpatient The the the the the tensive outpati | erapy - Youth Who ent: Intensive |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpatient | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental I py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ating Disorder; Outpa t Therapy-Youth Wh | atient Therapy - Co- to Sexually Harm; |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | 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 Abusen n-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |

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

| Name | Agency | Address | Phone | Fax |
|---------------------|-------------------------------------|--|---------------|-----|
| Williamson, Michael | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | |
| | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A co-Occurring; Outpatient Therapy | | |
| | | atient Therapy - Individual-Mental Health; Outpatient Therapy includi ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera Co-Occurring | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| Aase, Keven | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Assessment Services Substance Abuse Evaluation | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Co-Occurring Treatment; Adult Non-Residential Services Intensiv ons; Juvenile Non-Residential Services Intervention/Education; Juver atient - Co-Occurring Treatment; Juvenile Non-Residential Services In | ve Outpatient Treatm nile Non-Residential | ent; Juvenile Services Outpatient - |
| Mental Health Services: | Outpatient Therapy | | | |
| | | atment: Supervised Visitation; Community Treatment Aide | | |
| Other Services: | | | | |
| Armstrong, Melissa | Behavioral Health Specialist/Seekers of Serenity | 923 E Norfolk Ave Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Residential Servic Residential Services Intervention/Education; Juve | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ces Short Term Residential; Juvenile Assessment Services Substance enile Non-Residential Services Outpatient - Groups; Juvenile Non-Re idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential e Abuse Evaluations sidential Services Ou | Services Outpatient - ; Juvenile Non- utpatient - Family; |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Contemport | utpatient Therapy including Family Sessions-Mental Health; Outpatien | nt Therapy - Co-occu | irring |
| Other Services: | Sliding Fee Scale; | | | |
| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services E | dult Non-Residential | Services Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| 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 S Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Assessment Services Substance Abuse Evaluation Monitoring SA/MH; Juvenile Non-Residential Services | ssessment Services Substance Abuse Evaluations; Adult Non-Reside SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult Non- nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr esidential Services Dual Residential (MH/SA); Adult Residential Serv ons; Juvenile Non-Residential Services Intervention/Education; Juver vices Outpatient - Groups; Juvenile Non-Residential Services Outpati esidential Services Outpatient - Co-Occurring Treatment; Juvenile Non- | on-Residential Servic ing Treatment; Adult ices Short Term Res hile Non-Residential ient - Family; Juvenil | es Outpatient - Non-Residential idential; Juvenile Services Care e Non-Residential |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | Outpatient Therapy including Family Sessions-N | patient Therapy - Individual-Mental Health; Outpatient Therapy inc Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Th ensive Outpatient: Intensive Outpatient Therapy-Co-occurring; Ass | erapy - Co-occurring; In | tensive Outpatient: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| 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: | | oups; Adult Non-Residential Services Outpatient - Individual; Adult Dutpatient - Groups; Juvenile Non-Residential Services Outpatient | | es Intensive Outpatient |
| Mental Health Services: | | Suparent - Croups, suvenie non-residential Services Outparent | - Individual | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Boschult, Brandy | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)992-0333 | |
| | | | | |
| | | Dutpatient Therapy including Group Sessions-Mental Health; Outpatient | atient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Bowens Kissi Afare, | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 6988 | 7 (402)494-3337 | |
| | Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - I Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education ient - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Juvenile Assessment Sen; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Individual; Juvenile Non-Residential Services Outpatient - Co-Occu | al; Adult Non-Residentia ervices Substance Abus Non-Residential Servic | I Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| Mental Health Services: | 1 17 | | | ••• |
| Juvenile Services: | Non-Treatment: Family Support Worker; Outpat | ient Therapy - Individual-Mental Health; Intensive Outpatient: Inter | isive Outpatient Therap | /-Mental Health |
| 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: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Outpatient Therapy | | |
| | Outpatient Therapy - Individual-Mental Health; C | Community Treatment Aide; Assessment: Pre-Treatment Assessm | ent (Medicaid) | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Brooks, Cristy | Good Life Counseling & Support | 118 E State St Atkinson NB 68713 | (402)340-0022 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; C | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy in | cluding Family Sessio | ns-Mental Health |
| Other Services: | | | | |
| Brostad, Greg | Resolution Treatment Services | 505 5th Street Suite #225 Sioux city IA 51101 | (515)493-4787 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie by-Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment | | |
| Other Services: | | | | |
| Brugger, Keri | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)382-5297 | (308)382-5315 |
| | | | | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; | | |
| | | ent - Family; Adult Non-Residential Services Outpatient - Individual; / | | |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O | ent - Family; Adult Non-Residential Services Outpatient - Individual; Co-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatie | Adult Non-Residential | Services Outpatient |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O | ent - Family; Adult Non-Residential Services Outpatient - Individual; / Co-Occurring; Outpatient Therapy | Adult Non-Residential | Services Outpatient - |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O | ent - Family; Adult Non-Residential Services Outpatient - Individual; Co-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatie | Adult Non-Residential | Services Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: Carmichael, Kirk | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring Carmichael Counseling Adult Assessment Services Substance Abuse Ex Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | ent - Family; Adult Non-Residential Services Outpatient - Individual; Co-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment | Adult Non-Residential ent Therapy including :: Co-Occurring (402)316-8800 It Non-Residential Se rring Treatment; Juve ential Services Outpa | Services Outpatient Family Sessions- (402)644-1987 rvices Outpatient - nile Assessment |
| Mental Health Services: Juvenile Services: Other Services: Carmichael, Kirk Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring Carmichael Counseling Adult Assessment Services Substance Abuse Ex Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | ent - Family; Adult Non-Residential Services Outpatient - Individual; A Co-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment 214 N 7th Suite 11 Norfolk NB 68701 valuations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu e Non-Residential Services Outpatient - Co-Occur Juvenile Non-Residential Services Outpatient - Co-Occurring Treat | Adult Non-Residential ent Therapy including :: Co-Occurring (402)316-8800 It Non-Residential Se rring Treatment; Juve ential Services Outpa | Services Outpatient Family Sessions- (402)644-1987 rvices Outpatient - nile Assessment |
| Mental Health Services: Juvenile Services: Other Services: Carmichael, Kirk Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring Carmichael Counseling Adult Assessment Services Substance Abuse Ex Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Pre-Treatment Assessment (bio-psychosocial); C | ent - Family; Adult Non-Residential Services Outpatient - Individual; A Co-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment 214 N 7th Suite 11 Norfolk NB 68701 valuations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu e Non-Residential Services Outpatient - Co-Occur Juvenile Non-Residential Services Outpatient - Co-Occurring Treat | Adult Non-Residential ent Therapy including :: Co-Occurring (402)316-8800 It Non-Residential Se rring Treatment; Juve ential Services Outpa ment | Services Outpatient Family Sessions- (402)644-1987 rvices Outpatient - nile Assessment tient - Family; Juvenil |

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|---------------------------|--|--|---|--------------------|
| Name | Agency | Address | Phone | Fax |
| Cattau, Jeanne | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier Health; Assessment: Pre-Treatment Assessment (Medicaid); Assess | | |
| Other Services: | Sliding Fee Scale; | | | |
| Claussen, Michelle | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)709-4075 | |
| 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; Juver ntial Services Outpat | ile Assessment |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatier | t Therapy including | Family Sessions- |
| Other Services: | | | | |
| Clyde, Gina | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | 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-Resi | ance Abuse Evaluati | ons; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; O | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl | uding Family Sessio | ns-Mental Health |
| Other Services: | | | | |
| Clyde, Jessica | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| | Non-Treatment: Family Support Worker; Commu | nity Treatment Aide | | |
| Other Services: | | | | |

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---|
| Cornwell, Shelli | Colegrove Counseling Center | 1460 35th Ave. Columbus NB 68601 | (402)562-6767 | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Co-Occurring Treatment; Adult Non- Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia Residential Services Intensive Outpatient Treatm | | Individual; Adult Non ial Services Short Te ion; Juvenile Non-Re | -Residential Services rm Residential; esidential Services |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatie | ent Therapy - Co-occ | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Custer, Janet | Ponca Tribe of Nebraska | 1800 Syracuse Ave Norfolk NB 68701 | (402)649-6058 | (402)379-0988 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment | aluations; Adult Non-Residential Services Outpatient - Individual; Ad | lult Non-Residential | Services Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Davies, Paul | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Adults who Sexually Harm Evaluation; Outpatient Ther | ару | |
| | Non-Treatment: Anger Management Class; Non- | eatment: Intensive Family Preservation; Non-Treatment: Supervised Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health ating Disorder; Assessment: Pre-Treatment Assessment (Medicaid); | n; Outpatient Therapy | including Family |
| Other Services: | | | | |
| DeLaet, Theodore | Theodore J. DeLaet, PhD, PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Sexually Harm Evaluation; Psychological Evaluat | nile Youth Who Sexually Harm Evaluation (YWSH); | Assessment (bio-psy | chosocial); Adults wh |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid) SE); Assessment: Psychological Evaluation; Assessment: Juvenile N | ; Assessment: Outpa | tient Psychiatric |

Other Services:

| Name | Agency | Address | Phone | Fax |
|---|---|--|--|-------------------------------------|
| DeWalt, Jennifer | Jennifer S. DeWalt | 302 South 13 Street Norfolk NB 68701-4963 | (402)649-8366 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Freudenburg, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Health; Ourder | utpatient Therapy including Fa | amily Sessions- |
| Other Services: | | | | |
| Gadeken, Angela | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations; Juvenile Assessment Services Substance Abuse Ex | valuations | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; C Outpatient Therapy - Eating Disorder; Outpatient Contracted Services: Electronic Monitoring | Dutpatient Therapy - Individual-Mental Health; Outpatient Thera Therapy - Co-occurring; Assessment: Pre-Treatment Assessm | apy including Family Sessions nent (Medicaid); Contracted S | -Mental Health; Services: Tracke |
| Other Services: | | | | |
| Hammock, Michelle | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | valuations; Adult Non-Residential Services Intervention/Educati es Outpatient - Groups; Adult Non-Residential Services Outpat rvices Outpatient - Co-Occurring Treatment; Adult Non-Reside | tient - Family; Adult Non-Resi | dential Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Ou der; Outpatient Therapy - Co-occurring; Intensive Outpatient: I | | |
| Other Services: | | | | |
| Hergott, Mariah | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services | raluations; Adult Non-Residential Services Intervention/Educati ent - Family; Adult Non-Residential Services Outpatient - Indivice Short Term Residential; Juvenile Assessment Services Subst enile Non-Residential Services Outpatient - Family; Juvenile No co-Occurring Treatment | dual; Adult Non-Residential S ance Abuse Evaluations; Juv | ervices Intensive enile Non- |

| Name | Agency | Address | Phone | Fax |
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| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Օւ g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occur | | |
| Other Services: | Sliding Fee Scale; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Psychological Evaluatior | ı | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psych | ological Evaluation; Asses | sment: Juvenile Who |
| Other Services: | | | | |
| Hunter, Linda | Northeast Nebraska Psychological Services, PC | 408 N Oakland Ave Oakland NB 68045 | (402)685-4130 | (402)685-4132 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Psychological Eval | uation; Outpatient Therapy | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Ou Sexually Harm; Outpatient Therapy - Eating Disorder; Assessin sment: Psychological Evaluation; Assessment: Juvenile Who S | nent: Pre-Treatment Asses | sment (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | |
| Klassen, Ellie | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Educat ent - Individual; Adult Non-Residential Services Outpatient - Co e Non-Residential Services Intervention/Education; Juvenile Non- ndividual; Juvenile Non-Residential Services Outpatient - Co-O | -Occurring Treatment; Juv n-Residential Services Out | enile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; C Outpatient Therapy including Family Sessions-M | Outpatient Therapy - Individual-Mental Health; Outpatient Thera ental Health; Assessment: Pre-Treatment Assessment (Medica | apy including Group Sessio aid); Assessment: Co-Occu | ns-Mental Health; urring |
| Other Services: | Bilingual Services; | | | |
| Kraft, Denise | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Educat ant - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; In | tensive Outpatient: Intensive Outpatient Therapy-Mental Healt | h | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; | | | • |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpa | Evaluations; Adult Non-Residential Services Outpatient - Groups; A tient - Individual; Adult Non-Residential Services Outpatient - Co-Ou It Non-Residential Services Partial Care; Adult Residential Services tial Services Short Term Residential | ccurring Treatment; Adult | Non-Residential |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial |); Co-Occurring; Outpatient Therapy | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Manufal Line Mile Cont | Additional Commethy Linear Evelope Company | | | |
| | Adults who Sexually Harm Evaluation; Outpat | | nationt Thorany Individu | al Montal Health |
| | Non-Treatment: Anger Management Class; No Outpatient Therapy including Group Sessions Sexually Harm; Outpatient Therapy - Eating D Outpatient Therapy-Youth Who Sexually Harm | ent Therapy on-Treatment: Juvenile Offender/Victim and Conflict Mediation; Out -Mental Health; Outpatient Therapy including Family Sessions-Men bisorder; Intensive Outpatient: Intensive Outpatient Therapy-Mental n; Intensive Outpatient: Intensive Outpatient- Eating Disorder; Asses ressment: Juvenile Who Sexually Harm Risk Assessment | tal Health; Outpatient The Health; Intensive Outpati | erapy - Youth Who ent: Intensive |
| | Non-Treatment: Anger Management Class; No Outpatient Therapy including Group Sessions Sexually Harm; Outpatient Therapy - Eating D Outpatient Therapy-Youth Who Sexually Harm Assessment: Mental Status Exam (MSE); Ass | on-Treatment: Juvenile Offender/Victim and Conflict Mediation; Out -Mental Health; Outpatient Therapy including Family Sessions-Men Disorder; Intensive Outpatient: Intensive Outpatient Therapy-Mental n; Intensive Outpatient: Intensive Outpatient- Eating Disorder; Asses | tal Health; Outpatient The Health; Intensive Outpati | erapy - Youth Who ent: Intensive |
| Juvenile Services: | Non-Treatment: Anger Management Class; No Outpatient Therapy including Group Sessions Sexually Harm; Outpatient Therapy - Eating D Outpatient Therapy-Youth Who Sexually Harm Assessment: Mental Status Exam (MSE); Ass | on-Treatment: Juvenile Offender/Victim and Conflict Mediation; Out -Mental Health; Outpatient Therapy including Family Sessions-Men Disorder; Intensive Outpatient: Intensive Outpatient Therapy-Mental n; Intensive Outpatient: Intensive Outpatient- Eating Disorder; Asses | tal Health; Outpatient The Health; Intensive Outpati | erapy - Youth Who ent: Intensive |
| Juvenile Services: Other Services: Kubo, Dana Substance Abuse Services: | Non-Treatment: Anger Management Class; No Outpatient Therapy including Group Sessions Sexually Harm; Outpatient Therapy - Eating D Outpatient Therapy-Youth Who Sexually Harm Assessment: Mental Status Exam (MSE); Ass Good Life Counseling & Support Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outpa Co-Occurring Treatment; Adult Non-Residenti Non-Residential Services Intervention/Educati | on-Treatment: Juvenile Offender/Victim and Conflict Mediation; Out -Mental Health; Outpatient Therapy including Family Sessions-Mem bisorder; Intensive Outpatient: Intensive Outpatient Therapy-Mental n; Intensive Outpatient: Intensive Outpatient- Eating Disorder; Asses sessment: Juvenile Who Sexually Harm Risk Assessment 200 N 34th PO Box 2315 Norfolk NB 68702 Evaluations; Adult Non-Residential Services Intervention/Education atient - Family; Adult Non-Residential Services Outpatient - Individu al Services Intensive Outpatient Treatment; Juvenile Assessment S ion; Juvenile Non-Residential Services Outpatient - Groups; Juvenil - Individual; Juvenile Non-Residential Services Outpatient - Co-Occ | tal Health; Outpatient The Health; Intensive Outpati ssment: Pre-Treatment A (402)371-3044 n; Adult Non-Residential al; Adult Non-Residential services Substance Abuse e Non-Residential Servic | erapy - Youth Who ent: Intensive ssessment (Medicaid (402)371-9643 Services Outpatient - Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Juvenile Services: Other Services: Kubo, Dana Substance Abuse Services: Mental Health Services: | Non-Treatment: Anger Management Class; No Outpatient Therapy including Group Sessions Sexually Harm; Outpatient Therapy - Eating D Outpatient Therapy-Youth Who Sexually Harm Assessment: Mental Status Exam (MSE); Ass Good Life Counseling & Support Adult Assessment Services Substance Abuse Groups; Adult Non-Residential Services Outpatient Non-Residential Services Intervention/Educati Juvenile Non-Residential Services Outpatient Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial Non-Treatment: Intensive Family Preservation Individual-Mental Health; Outpatient Therapy in | on-Treatment: Juvenile Offender/Victim and Conflict Mediation; Out -Mental Health; Outpatient Therapy including Family Sessions-Men bisorder; Intensive Outpatient: Intensive Outpatient Therapy-Mental n; Intensive Outpatient: Intensive Outpatient- Eating Disorder; Asses essment: Juvenile Who Sexually Harm Risk Assessment 200 N 34th PO Box 2315 Norfolk NB 68702 Evaluations; Adult Non-Residential Services Intervention/Education atient - Family; Adult Non-Residential Services Outpatient - Individu al Services Intensive Outpatient Treatment; Juvenile Assessment S ion; Juvenile Non-Residential Services Outpatient - Groups; Juvenil - Individual; Juvenile Non-Residential Services Outpatient - Co-Occ); Co-Occurring; Outpatient Therapy n; Non-Treatment: Anger Management Class; Non-Treatment: Gene including Group Sessions-Mental Health; Outpatient Therapy includ Intensive Outpatient Therapy-Mental Health; Intensive Outpatient I | tal Health; Outpatient The Health; Intensive Outpati ssment: Pre-Treatment A (402)371-3044 n; Adult Non-Residential al; Adult Non-Residential ervices Substance Abuse e Non-Residential Servic curring Treatment; Juveni eral Education Class; Out ling Family Sessions-Mer | erapy - Youth Who ent: Intensive ssessment (Medicaio (402)371-9643 Services Outpatient - Services Outpatient e Evaluations; Juveni es Outpatient - Famil le Non-Residential patient Therapy - ntal Health; Outpatien |

| Name | Agency | Address | Phone | Fax |
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| Larson, Beth | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| | Non-Treatment: Intensive Family Preservation; A | Assessment: Pre-Treatment Assessment (Medicaid) | | |
| Other Services: | | | | |
| Larson, Donielle | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)371-0220 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Short Term Residential; Juvenile Assessment Services Outpatient - Groups; Juveni | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment; Adult Residential Services Substance Abuse Evaluations; Juvenile Non-Residential ile Non-Residential Services Outpatient - Family; Juvenile Non- Co-Occurring Treatment; Juvenile Non-Residential Services Intervices Intervice | lual; Adult Non-Residential S vices Halfway-House; Adult F I Services Intervention/Educa Residential Services Outpati | ervices Outpatient Residential Service ation; Juvenile Nor ent - Individual; |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | outpatient Therapy including Group Sessions-Mental Health; Ou | | amily Sessions- |
| Other Services: | Sliding Fee Scale; | g; Assessment: Pre-Treatment Assessment (Medicaid); Assess | ment: Co-Occurring | |
| Lindahl, Samantha | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)371-0220 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| 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 Outpati Abuse Evaluations; Juvenile Non-Residential Se | ssessment Services Substance Abuse Evaluations; Adult Non- ups; Adult Non-Residential Services Outpatient - Family; Adult N ient Treatment; Adult Residential Services Short Term Resident rvices Intervention/Education; Juvenile Non-Residential Service dential Services Outpatient - Individual; Juvenile Non-Residential | Non-Residential Services Ou tial; Juvenile Assessment Se as Outpatient - Groups; Juve | tpatient - Individua rvices Substance nile Non-Residentia |
| Mental Health Services: Juvenile Services: | Co-Occurring; Outpatient Therapy | | | |
| | Sliding Eco Scolor | | | |
| Other Services. | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Mcgrath, Michelle | Norfolk Group Home | 201 North 12th St. Norfolk NB 68701 | (402)379-0295 | (402)379-0295 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | 1 13 | | | |
| | Out-Of-Home Shelter Care; Out-Of-Home: Group | Home A; Out-Of-Home: Independent Living | | |
| Other Services: | | | | |
| Means, Kelli | Midtown Health Center | 302 W Phillip Ave Norfolk NB 68701 | (402)371-8000 | (402)371-0971 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Family; Juv Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non | dult Non-Residential vices Intervention/Ec | Services Outpatient lucation; Juvenile |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occi | urring; Assessment: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Merchant, Chad | Women's House of Hope LLC/Open Doors | 3203 Dover Dr. Norfolk NB 68701 | (402)992-1159 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Merchant, Michelle | Women's House of Hope LLC/Open Doors | 3203 Dover Dr. Norfolk NB 68701 | (402)860-1863 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpatient | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental I py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ating Disorder; Outpa t Therapy-Youth Wh | atient Therapy - Co- o Sexually Harm; |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | - | | | |
| Milander-Mace, Amanda | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 (4 | 02)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); P | Pre-Treatment Assessment (bio-psychosocial); Outpatient Thera | ру | |
| Juvenile Services: | | n; Non-Treatment: Anger Management Class; Outpatient Thera tpatient Therapy - Eating Disorder; Assessment: Pre-Treatment | | tpatient Therapy |
| Other Services: | | | | |
| Millard, Laurie | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 (4 | 02)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial | I); Outpatient Therapy | | |
| | Family Sessions-Mental Health; Outpatient The Health; Intensive Outpatient: Intensive Outpatient Provide Action 1997 | lual-Mental Health; Outpatient Therapy including Group Sessior herapy - Eating Disorder; Community Treatment Aide; Intensive tient- Eating Disorder; Intensive Outpatient: Intensive Outpatien ent: Mental Status Exam (MSE); Contracted Services: Tracker; | Outpatient: Intensive Outpatient t Therapy-Co-occurring; Assessn | Therapy-Menta nent: Pre- |
| Other Services: | Bilingual Services; | | | |
| Milligan, Debra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 (4 | 02)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); P | Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; O | utpatient Therapy | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservatior Assessment: Mental Status Exam (MSE) | n; Outpatient Therapy - Individual-Mental Health; Assessment: I | Pre-Treatment Assessment (Med | icaid); |
| Other Services: | | | | |
| Other Services: | | | | |
| | Associated Psychologists and Counselor | rs 1306 N 13th St Norfolk NB 68702 | (402)371-8218 | |
| | LLC | rs 1306 N 13th St Norfolk NB 68702 | (402)371-8218 | |
| Mitchell, David Substance Abuse Services: Mental Health Services: | LLC Adults who Sexually Harm Evaluation; Psycho | | | |

| Name | Agency | Address | Phone | Fax |
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| Mitchell, David | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Psycholog | gical Evaluation | | |
| Juvenile Services: Other Services: | | ; Assessment: Psychological Evaluation; Assessment: Juvenile | Who Sexually Harm Risk As | ssessment |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| Substance Abuse Services: | | cation; Adult Non-Residential Services Outpatient - Groups; Ac vidual; Adult Non-Residential Services Outpatient - Co-Occurrir | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Ohde, Ashton | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | Dutpatient Therapy - Individual-Mental Health; Outpatient Thera lental Health; Outpatient Therapy - Eating Disorder | apy including Group Session | s-Mental Health; |
| Other Services: | | | | |
| Pelster-Hess, Brooke | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services Residential Services Intervention/Education; Juv | valuations; Adult Non-Residential Services Intervention/Educati ent - Family; Adult Non-Residential Services Outpatient - Individ s Short Term Residential; Juvenile Assessment Services Subst renile Non-Residential Services Outpatient - Groups; Juvenile N ndividual; Juvenile Non-Residential Services Intensive Outpatie | dual; Adult Non-Residential S ance Abuse Evaluations; Ju Ion-Residential Services Ou | Services Intensive venile Non- tpatient - Family; |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | Dutpatient Therapy including Group Sessions-Mental Health; Οι g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occur | | |
| | | | - | 0 |

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|---|
| Petersen, Connie | Behavioral Health Specialist/Seekers of Serenity | 923 E Norfolk Ave Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| Substance Abuse Services: | Non-Residential Services Outpatient - Family; Ad Treatment; Adult Non-Residential Services Intens Substance Abuse Evaluations; Juvenile Non-Res Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | ssessment Services Substance Abuse Evaluations; Adult Non-Reside lult Non-Residential Services Outpatient - Individual; Adult Non-Reside sive Outpatient Treatment; Adult Residential Services Short Term Residential Services Outpatient - Groups; Juvenile Non-Residential Services nile Non-Residential Services Outpatient - Co-Occurring Treatment; A | ential Services Outp sidential; Juvenile As ices Outpatient - Fan | atient - Co-Occurring sessment Services nily; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Psychological Evaluation; Outpatient Therapy | | |
| 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; | | - | |
| Rech, Kim | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)860-4014 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Residential | aluations; Adult Residential Services Dual Residential (MH/SA); Adul | t Residential Service | s Extended |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | prvices; | | |
| Rowley, Abbie | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)920-2809 | |
| | Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T | raluations; Adult Non-Residential Services Outpatient - Individual; Adu ervices Substance Abuse Evaluations; Juvenile Non-Residential Serv reatment | | |
| Mental Health Services: | | | | |
| | Non-Treatment: Intensive Family Preservation; O | outpatient Therapy - Individual-Mental Health | | |
| Other Services: | | | | |
| Rynearson, Claire | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8521 | (402)455-7050 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Evaluations | aluations; Adult Residential Services Therapeutic Community; Juveni | le Assessment Servi | ces Substance Abus |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| | | sment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occu | urring | |
| Other Services | Sliding Eco Scolor | | - | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); P | sychological Evaluation; Outpatient Therapy; Mental Health Intensive | e Management | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie nent Assessment (Medicaid); Assessment: Mental Status Exam (MSE | | |
| Other Services: | | | | |
| Sotelo, Jessica | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive Out | patient: Intensive Outpatient Therapy-Co-occurring; Assessment: Pre | e-Treatment Assessr | nent (Medicaid) |
| Other Services: | Bilingual Services; | | | |
| Stahlecker, Rebecca | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser uvenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment co-Occurring; Adults who Sexually Harm Evaluation; Outpatient Thera | dult Non-Residential vices Intervention/Ec Residential Services (| Services Outpatient - lucation; Juvenile |
| | Non-Treatment: Intensive Family Preservation; O Outpatient Therapy - Youth Who Sexually Harm; | utpatient Therapy - Individual-Mental Health; Outpatient Therapy inc Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occu tus Exam (MSE); Assessment: Juvenile Who Sexually Harm Risk As | luding Family Sessio rring; Assessment: P | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abuse on-Residential Servic | Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Outpatient Therapy | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|---|
| Stennis, Gladys | Infinite Avenues Counseling | 7117 Farnam St Suite 17 Omaha NB 68132 | (402)905-6296 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex | valuations | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Stortvedt, Mark | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Adults who Sexua | ally Harm Evaluation; Outpati | ent Therapy |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Community Treatment Aide; Asse | utpatient Therapy including Group Sessions-Mental Health; C | Outpatient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | ssment. The freatment Assessment (Medicald) | | |
| 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 Servic 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 - Indiv ces Short Term Residential; Juvenile Assessment Services S enile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-C | idual; Adult Non-Residential ubstance Abuse Evaluations Non-Residential Services O | Services Outpatie ; Juvenile Non- utpatient - Family; |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; C g; Community Treatment Aide; Intensive Outpatient: Intensive urring; Assessment: Pre-Treatment Assessment (Medicaid); A | Outpatient Therapy-Mental | |
| Other Services: | Sliding Fee Scale; | | | |
| Sullivan, Michael | Michael Sullivan Counseling | 208 N. 5th St. Norfolk NB 68701-4155 | (402)750-7923 | (402)226-5161 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations; Adult Non-Residential Services Outpatient - Group nt - Individual; Adult Non-Residential Services Outpatient - Co | s; Adult Non-Residential Sei | rvices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | -occurring meannent | |
| | | | | |
| Juvenile Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Sullivan, Michael | Anchor House LLC | 208 N 5th St Norfolk NB 68701 | (402)750-7923 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Swantek, Mallory | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)371-3044 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual; rvices Intervention/Education; Juvenile Non-Residential Services C | Juvenile Assessment | Services Substance |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Assessr | ment: Pre-Treatment Assessment (Medicaid) | | |
| Other Services: | | | | |
| Wagner, Alicia | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | valuations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Ser ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile I ndividual; Juvenile Non-Residential Services Outpatient - Co-Occur | Adult Non-Residential vices Substance Abuse Non-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpat g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E | valuations; Adult Non-Residential Services Intervention/Education; es Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Education; Juvenile Non-Residential Services Outpatient - Groups; patient - Individual; Juvenile Non-Residential Services Outpatient - | - Family; Adult Non-Re Services Substance Ab Juvenile Non-Resident | esidential Services ouse Evaluations; ial Services Outpatien |
| | Therapy | enile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (b | | 0, 1 |
| Juvenile Services: | | Treatment: General Education Class; Outpatient Therapy - Individu ient Therapy including Family Sessions-Mental Health; Outpatient - Co-Occurring | | |
| | Sliding Fee Scale; | | | |

| Name Agency | Address | Phone | Fax |
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| Name | Agency | Address | Phone | Fax |
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| Brandyberry, Kyle | Heartland Counseling | 110 N Bailey PO Box 1209 North Platte NB 69101 | (308)534-6029 | (308)534-6961 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Juvenile Assessment S ; Juvenile Non-Residential Services Outpatient - Groups; Juvenil ndividual; Juvenile Non-Residential Services Outpatient - Co-Occ | al; Adult Non-Residential ervices Substance Abuse e Non-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Group Sessions-Mental Health; Out g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurri | | |
| | Sliding Fee Scale; Hearing Impaired; Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | |
| Gill, Janeen | | 1300 E 4tri Suite H Nottri Flatte INB 69101 | (306)/37-1351 | |
| Substance Abuse Services: | | Co-Occurring; Adults who Sexually Harm Evaluation; Outpatient | Thoropy | |
| | | atient Therapy - Individual-Mental Health; Outpatient Therapy in | | Appendial Logith |
| Suverille Services. | | | | vientai neattii, |
| | | ental Health; Outpatient Therapy - Eating Disorder; Day Treatme nent: Mental Status Exam (MSE) | ent Day Treatment-Menta | I Health; Assessment |
| Other Services: | Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; | | ent Day Treatment-Menta | I Health; Assessment |
| Other Services: Hageman, Wendy | Pre-Treatment Assessment (Medicaid); Assessm | | ent Day Treatment-Menta (308)532-0777 | I Health; Assessment |
| Hageman, Wendy Substance Abuse Services: | Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; Beacon of Hope Counseling Center LLC Adult Assessment Services Substance Abuse Ev 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 | anent: Mental Status Exam (MSE) 308 W 4th St North Platte NB 69101 valuations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Juvenile Assessme ducation; Juvenile Non-Residential Services Care Monitoring SA ervices Outpatient - Family; Juvenile Non-Residential Services C | (308)532-0777 n; Adult Non-Residential S nt - Family; Adult Non-Re nt Services Substance At VMH; Juvenile Non-Resid | Services Care ssidential Services buse Evaluations; dential Services |
| Hageman, Wendy Substance Abuse Services: Mental Health Services: | Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; Beacon of Hope Counseling Center LLC Adult Assessment Services Substance Abuse Ev 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 Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O | anent: Mental Status Exam (MSE) 308 W 4th St North Platte NB 69101 valuations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpatier rvices Outpatient - Co-Occurring Treatment; Juvenile Assessme iducation; Juvenile Non-Residential Services Care Monitoring SA ervices Outpatient - Family; Juvenile Non-Residential Services C Dutpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outp | (308)532-0777 n; Adult Non-Residential S nt - Family; Adult Non-Re nt Services Substance At VMH; Juvenile Non-Resid Dutpatient - Individual; Juv | Services Care ssidential Services ouse Evaluations; dential Services renile Non-Residentia |
| Hageman, Wendy Substance Abuse Services: Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; Beacon of Hope Counseling Center LLC Adult Assessment Services Substance Abuse Ev 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 Pre-Treatment Assessment (bio-psychosocial); C | anent: Mental Status Exam (MSE) 308 W 4th St North Platte NB 69101 valuations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpatier rvices Outpatient - Co-Occurring Treatment; Juvenile Assessme iducation; Juvenile Non-Residential Services Care Monitoring SA ervices Outpatient - Family; Juvenile Non-Residential Services C Dutpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outp | (308)532-0777 n; Adult Non-Residential S nt - Family; Adult Non-Re nt Services Substance At VMH; Juvenile Non-Resid Dutpatient - Individual; Juv | Services Care ssidential Services ouse Evaluations; dential Services renile Non-Residentia |
| Hageman, Wendy Substance Abuse Services: Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; Beacon of Hope Counseling Center LLC Adult Assessment Services Substance Abuse Ev 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 Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Eating Disor | anent: Mental Status Exam (MSE) 308 W 4th St North Platte NB 69101 valuations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpatier rvices Outpatient - Co-Occurring Treatment; Juvenile Assessme iducation; Juvenile Non-Residential Services Care Monitoring SA ervices Outpatient - Family; Juvenile Non-Residential Services C Dutpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outp | (308)532-0777 n; Adult Non-Residential S nt - Family; Adult Non-Re nt Services Substance At VMH; Juvenile Non-Resid Dutpatient - Individual; Juv | Services Care ssidential Services ouse Evaluations; dential Services renile Non-Residentia |
| Hageman, Wendy Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; Beacon of Hope Counseling Center LLC Adult Assessment Services Substance Abuse Ev 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 Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Eating Disor Sliding Fee Scale; Community Justice Center | 308 W 4th St North Platte NB 69101 valuations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Juvenile Assessme iducation; Juvenile Non-Residential Services Care Monitoring S/ ervices Outpatient - Family; Juvenile Non-Residential Services C Dutpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outp rder | (308)532-0777 n; Adult Non-Residential S nt - Family; Adult Non-Res nt Services Substance At VMH; Juvenile Non-Resid outpatient - Individual; Juv patient Therapy including | Services Care ssidential Services ouse Evaluations; dential Services renile Non-Residentia |
| Hageman, Wendy Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Jones, James | Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; Beacon of Hope Counseling Center LLC Adult Assessment Services Substance Abuse Ev 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 Pre-Treatment Assessment (bio-psychosocial); O Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Eating Disor Sliding Fee Scale; Community Justice Center | 308 W 4th St North Platte NB 69101 valuations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Juvenile Assessme iducation; Juvenile Non-Residential Services Care Monitoring S/ ervices Outpatient - Family; Juvenile Non-Residential Services C Dutpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outp rder | (308)532-0777 n; Adult Non-Residential S nt - Family; Adult Non-Res nt Services Substance At VMH; Juvenile Non-Resid outpatient - Individual; Juv patient Therapy including | Services Care ssidential Services ouse Evaluations; dential Services venile Non-Residentia |
| Hageman, Wendy Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: | Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; Beacon of Hope Counseling Center LLC Adult Assessment Services Substance Abuse Ev 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 Pre-Treatment Assessment (bio-psychosocial); O Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Eating Disor Sliding Fee Scale; Community Justice Center | Anoment: Mental Status Exam (MSE) 308 W 4th St North Platte NB 69101 valuations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpatier rvices Outpatient - Co-Occurring Treatment; Juvenile Assessme iducation; Juvenile Non-Residential Services Care Monitoring S/ ervices Outpatient - Family; Juvenile Non-Residential Services C Dutpatient Therapy utpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outp rder PO Box 22746 Lincoln NB 68542 | (308)532-0777 n; Adult Non-Residential S nt - Family; Adult Non-Res nt Services Substance At VMH; Juvenile Non-Resid outpatient - Individual; Juv patient Therapy including | Services Care ssidential Services suse Evaluations; dential Services renile Non-Residentia |

| Name | Agency | Address | Phone | Fax |
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| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | valuations; Adult Non-Residential Services Intervention/Edu ent - Family; Adult Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile Assessn ; Juvenile Non-Residential Services Outpatient - Groups; J ndividual; Juvenile Non-Residential Services Outpatient - C | dividual; Adult Non-Residential S nent Services Substance Abuse uvenile Non-Residential Service: | Services Outpatient Evaluations; Juvenil s Outpatient - Family |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health g; Assessment: Pre-Treatment Assessment (Medicaid) | ; Outpatient Therapy including F | amily Sessions- |
| Other Services: | Sliding Fee Scale; | , , , , , , , , , , , , , , , , , , , | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni | aluations; Adult Non-Residential Services Outpatient - Gro ive Outpatient Treatment; Juvenile Assessment Services S le Non-Residential Services Outpatient - Individual co-Occurring; Adults who Sexually Harm Evaluation; Psych | Substance Abuse Evaluations; Ju | venile Non- |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health Sexually Harm; Outpatient Therapy - Co-occurring; Intensiv t Assessment (Medicaid); Assessment: Mental Status Exa Assessment; Assessment: Co-Occurring | ve Outpatient: Intensive Outpatie | ent Therapy-Youth |
| | Sliding Fee Scale; | 5 | | |

| News | | Address | Dhama | Ferr |
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| Name | Agency | Address | Phone | Fax |
| Alfrey , Kerry | Kerry L Alfrey LLC | 403 Lexington Circle Grand Island NB 68803 | (402)335-7908 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | rvices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Adults who Sexually Harm Evaluation; Outpatient Thera | ару | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Co-occurring; Assessment: Pre sment: Juvenile Who Sexually Harm Risk Assessment; Assessment: | -Treatment Assessm | |
| Other Services: | | | | |
| Arnett Nickolaus, Theresa | SOZO Family Services | 616 13th St Suite 110 Aurora NB 68818 | (402)631-7267 | (402)694-4199 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ac nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | Services Outpatient - |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | - | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Outpatient: Intensive Outpatient Therapy-Mental | utpatient Therapy including Family Sessions-Mental Health; Outpatie Health; Assessment: Mental Status Exam (MSE) | ent Therapy - Eating | Disorder; Intensive |
| Other Services: | Sliding Fee Scale; | | | |
| Baughman, Emelise | | 717 16th St Central City NB 68826 | (308)380-1925 | (308)986-2374 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Family; Adult nce Abuse Evaluations; Juvenile Non-Residential Services Outpatier | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Betka, Cindy | FGH Inc | 942 N 13th St. Geneva NB 68361 | (402)879-5959 | (402)759-3803 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ac nt - Family; Adult Non-Residential Services Outpatient - Individual | dult Non-Residential | Services Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | outpatient Therapy | | |
| | including Group Sessions-Mental Health; Outpati Therapy - Co-occurring; Assessment: Pre-Treatm | Treatment: General Education Class; Outpatient Therapy - Individua ent Therapy including Family Sessions-Mental Health; Outpatient Th tent 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 |
| | Pre-Treatment Assessment (bio-psychosocial); C | valuations; Juvenile Assessment Services Substance Abuse Evaluati Co-Occurring; Adults who Sexually Harm Evaluation | ions | |
| Frances, Sonya | Compassionate Healing Counseling Services Inc | 1811 W 2nd St Suite 420 Grand Island NB 68803 | (308)384-4617 | (844)270-3023 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| | Outpatient Therapy - Individual-Mental Health; O (Medicaid) Sliding Fee Scale; | utpatient Therapy including Family Sessions-Mental Health; Assess | ment: Pre-Treatment | Assessment |
| Other Services. | Silding ree Scale, | | | |
| Franssen, Tracee | Friendship House Inc | 707 W 1st St Grand Island NB 68801 | (308)675-3345 | (308)675-3342 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | valuations; Adult Non-Residential Services Intervention/Education; A nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur esidential Services Outpatient - Family; Juvenile Non-Residential Se Freatment | ring Treatment; Juve | nile Non-Residential |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| | Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatienter: Co-Occurring | ent Therapy - Co-occi | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Psychological Evaluation | | |
| | Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologic | al Evaluation; Assess | sment: Juvenile Who |
| Other Services: | | | | |
| Hruby, Kristine | | 1811 West 2nd St. suite 450 Grand Island NB 68801 | (308)390-5508 | (308)339-0962 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatr | ring Treatment; Juve ential Services Outpa | nile Assessment tient - Family; Juveni |
| | | | | |
| Mental Health Services: | • | | | |

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| Name | Agency | Address | Phone | Fax |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Kennedy, Jr., William T. | | 2267 N Webb Rd Grand Island NB 68803 | (308)390-6948 | (308)624-2164 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; Adent - Family; Adult Non-Residential Services Outpatient - Individual | dult Non-Residential | Services Outpatient |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kissack, Cynthia | Cynthia Kissack Counseling | 2517 S August Grand Island NB 68801 | (308)379-8619 | (308)385-5271 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Outpatient Therapy | | |
| Juvenile Services: | | py-Mental Health; Intensive Outpatient: Intensive Outpatient- Eating I Pre-Treatment Assessment (Medicaid); Assessment: Mental Status E | | utpatient: Intensive |
| Other Services: | Sliding Fee Scale; | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| Mental Health Services: Juvenile Services: | Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Adult N Services Extended Residential; Adult Residentia Pre-Treatment Assessment (bio-psychosocial); C | | ring Treatment; Adult | Non-Residential |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Outpatient | t Therapy | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; Ir | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental H rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment | ealth; Outpatient The this intensive Outpati | erapy - Youth Who ent: Intensive |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatier aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ating Disorder; Outpa It Therapy-Youth Wh | atient Therapy - Co- to Sexually Harm; |
| Other Services: | | | | |
| 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; Ac es Outpatient - Individual; Adult Non-Residential Services Outpatient ons; Juvenile Non-Residential Services Intervention/Education; Juven atient - Co-Occurring Treatment; Juvenile Non-Residential Services I | - Co-Occurring Trea nile Non-Residential | tment; Juvenile Services Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring: Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ac ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic | dult Non-Residential | Services Outpatient - |
| | Non-Residential Services Intervention/Education; | ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No adividual; Juvenile Non-Residential Services Outpatient - Co-Occurrir | n-Residential Servic | es Outpatient - Family |
| | Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); O | ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | n-Residential Servic Ig Treatment; Juveni | es Outpatient - Family le Non-Residential |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; | | | • |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services 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 o-Occurring; Adults who Sexually Harm Evaluation; Psychological Ev | 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); A Assessment; Assessment: Co-Occurring | nt: Intensive Outpat | ient 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: Mental Health Services: | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil Treatment | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ve Outpatient Treatment; Juvenile Assessment Services Substance / e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | Abuse Evaluations; | Juvenile Non- |
| 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 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 Serv Ivenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | dult Non-Residential | Services Outpatient lucation; Juvenile |
| Mental Health Services: | Outpatient Therapy | , , , , , , , , , , , , , , , , , , , | | |
| Juvenile 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/Ed | aluations; Adult Non-Residential Services Intervention/Education; Adu s Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Juvenile Assessment Se ducation; Juvenile Non-Residential Services Outpatient - Groups; Juv atient - Individual; Juvenile Non-Residential Services Outpatient - Co | amily; Adult Non-Re rvices Substance Al renile Non-Resident | esidential Services buse Evaluations; ial Services Outpatie |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juven Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- | psychosocial); Co-C | Occurring; Outpatient |

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | | Treatment: General Education Class; Outpatient Therapy - Individua ient Therapy including Family Sessions-Mental Health; Outpatient Th Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Veber, Kristi | Weber Behavioral Health | 942 N 13th Geneva NB 68361 | (402)759-3802 | (402)759-3803 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations; Adult Non-Residential Services Outpatient - Co-Occurring | Treatment | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Outpatient Therapy; Mec | lication Evaluation | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Assessi Evaluation; Assessment: Mental Status Exam (MSE); Assessment: N | | |
| Other Services: | Sliding Fee Scale; | | | |
| /hite, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)383-1622 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | Adult Non-Residential rvices Intervention/Ec | Services Outpatien |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Co-Occurring | ent Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Vragge, 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; A ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Substance Abuse Evaluations; Juvenile Non-Residential Se uvenile Non-Residential Services Outpatient - Family; Juvenile Non- Co-Occurring Treatment | Adult Non-Residential | Services Outpatient |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| | 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: | | | | |

| 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 Sec | aluations; Adult Non-Residential Services Intervention/Education; es Outpatient - Groups; Adult Non-Residential Services Outpatien rvices Outpatient - Co-Occurring Treatment; Adult Non-Residentia ducation; Juvenile Non-Residential Services Care Monitoring SA/ ervices Outpatient - Family; Juvenile Non-Residential Services Ou Juvenile Non-Residential Services Intensive Outpatient Treatment | : - Family; Adult Non-Re I Services Intensive Out MH; Juvenile Non-Resid | sidential Services patient Treatment; ential Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Therapy-Co-occurring; Assessment: Co-Occurrin | utpatient Therapy including Group Sessions-Mental Health; Outpa g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healt | | |
| Other Services: | Sliding Fee Scale; | | | |
| Connor, Shawnda | Healing Hope Counseling LLC | 815 Flack Ave Alliance NB 69301 | (308)225-6572 | (308)217-4277 |
| | | ily; Adult Non-Residential Services Outpatient - Individual; Adult N ervices Outpatient - Family; Juvenile Non-Residential Services O co-Occurring; Outpatient Therapy | | |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatient | atient Therapy - Co-occu | rring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Crouch, Samuel | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-1488 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; nt - Individual; Juvenile Assessment Services Substance Abuse E Services Outpatient - Groups; Juvenile Non-Residential Services | valuations; Juvenile Nor | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring: Outpatient Therapy | | |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Content of the second s | utpatient Therapy including Group Sessions-Mental Health; Outpa | tient Therapy - Eating D | isorder; Outpatient |
| Other Services: | Therapy - Co-occurring; Assessment: Pre-Treatm Sliding Fee Scale; | nent Assessment (Medicaid); Assessment: Co-Occurring | | |
| Crouch, Samuel | Valley Youth Connections | 29 S Beltline HWY W Scottsbluff NB 69361 | (308)225-0500 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy ental Health; Intensive Outpatient: Intensive Outpatient Therapy-M | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| 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; J vices Outpatient - Individual | Iuvenile Assessment S | ervices Substance |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpat ;; Assessment: Pre-Treatment Assessment (Medicaid); Assessmer | ient Therapy including nt: Co-Occurring | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Estrada, Marcia | | 3321 Avenue I Suite #3 Scottsbluff NB 69361-4587 | (308)631-6129 | (308)635-7412 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evalua | ations | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (b | io-psychosocial); Co-C | Occurring; Outpatient |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpat ent: Mental Status Exam (MSE); Assessment: Co-Occurring | tient Therapy - Co-occ | urring; Assessment: |
| Other Services: | | | | |
| Estrada, Marcia | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-2256 | (308)635-1271 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Intervention/Education; <i>i</i> tient - Co-Occurring Treatment; Juvenile Assessment Services Sub | | |
| | | enile Non-Residential Services Outpatient - Individual; Juvenile Nor | | |
| Mental Health Services: | Occurring Treatment | enile Non-Residential Services Outpatient - Individual; Juvenile Nor nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (b | n-Residential Services | Outpatient - Co- |
| Juvenile Services: | Occurring Treatment Juvenile Pre-Treatment Assessment (PTA); Juve Therapy Outpatient Therapy - Individual-Mental Health; Of Pre-Treatment Assessment (Medicaid); Assessm | | n-Residential Services io-psychosocial); Co-C | Outpatient - Co- Occurring; Outpatient |
| Juvenile Services: | Occurring Treatment Juvenile Pre-Treatment Assessment (PTA); Juve Therapy Outpatient Therapy - Individual-Mental Health; Ou | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (b utpatient Therapy including Family Sessions-Mental Health; Outpat | n-Residential Services io-psychosocial); Co-C | Outpatient - Co- Occurring; Outpatient |
| Juvenile Services: | Occurring Treatment Juvenile Pre-Treatment Assessment (PTA); Juve Therapy Outpatient Therapy - Individual-Mental Health; Of Pre-Treatment Assessment (Medicaid); Assessm | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (b utpatient Therapy including Family Sessions-Mental Health; Outpat | n-Residential Services io-psychosocial); Co-C | Outpatient - Co- Occurring; Outpatient |
| Juvenile Services: Other Services: | Occurring Treatment Juvenile Pre-Treatment Assessment (PTA); Juve Therapy Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (b utpatient Therapy including Family Sessions-Mental Health; Outpat ent: Mental Status Exam (MSE); Assessment: Co-Occurring | n-Residential Services nio-psychosocial); Co-C tient Therapy - Co-occi | Outpatient - Co- Occurring; Outpatient |
| Juvenile Services: Other Services: Jones, James | Occurring Treatment Juvenile Pre-Treatment Assessment (PTA); Juve Therapy Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; Community Justice Center | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (b utpatient Therapy including Family Sessions-Mental Health; Outpat ent: Mental Status Exam (MSE); Assessment: Co-Occurring | n-Residential Services nio-psychosocial); Co-C tient Therapy - Co-occi | Outpatient - Co- Occurring; Outpatient |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: | Occurring Treatment Juvenile Pre-Treatment Assessment (PTA); Juve Therapy Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: O | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (b utpatient Therapy including Family Sessions-Mental Health; Outpat ent: Mental Status Exam (MSE); Assessment: Co-Occurring PO Box 22746 Lincoln NB 68542 | n-Residential Services nio-psychosocial); Co-C tient Therapy - Co-occi | Outpatient - Co- Occurring; Outpatient |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: | Occurring Treatment Juvenile Pre-Treatment Assessment (PTA); Juve Therapy Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; Community Justice Center Outpatient Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (b utpatient Therapy including Family Sessions-Mental Health; Outpat ent: Mental Status Exam (MSE); Assessment: Co-Occurring PO Box 22746 Lincoln NB 68542 | n-Residential Services nio-psychosocial); Co-C tient Therapy - Co-occi | Outpatient - Co- Occurring; Outpatient |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: | Occurring Treatment Juvenile Pre-Treatment Assessment (PTA); Juve Therapy Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: O | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (b utpatient Therapy including Family Sessions-Mental Health; Outpat ent: Mental Status Exam (MSE); Assessment: Co-Occurring PO Box 22746 Lincoln NB 68542 | n-Residential Services nio-psychosocial); Co-C tient Therapy - Co-occi | Outpatient - Co- Occurring; Outpatient |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Raney, Sandra | Occurring Treatment Juvenile Pre-Treatment Assessment (PTA); Juve Therapy Outpatient Therapy - Individual-Mental Health; Or Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: O Sliding Fee Scale; Open Door Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment; Juvenile Assessment S | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (b utpatient Therapy including Family Sessions-Mental Health; Outpat ent: Mental Status Exam (MSE); Assessment: Co-Occurring PO Box 22746 Lincoln NB 68542 General Education Class 1870 9th St Gering NB 69341 aluations; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential S | n-Residential Services nio-psychosocial); Co-C tient Therapy - Co-occ (402)429-1050 (308)225-4335 Adult Non-Residential S | Outpatient - Co- Occurring; Outpatient urring; Assessment: (308)633-2020 Services Outpatient - |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Raney, Sandra Substance Abuse Services: | Occurring Treatment Juvenile Pre-Treatment Assessment (PTA); Juve Therapy Outpatient Therapy - Individual-Mental Health; Or Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: O Sliding Fee Scale; Open Door Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (b utpatient Therapy including Family Sessions-Mental Health; Outpat ent: Mental Status Exam (MSE); Assessment: Co-Occurring PO Box 22746 Lincoln NB 68542 General Education Class 1870 9th St Gering NB 69341 aluations; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential S | n-Residential Services nio-psychosocial); Co-C tient Therapy - Co-occ (402)429-1050 (308)225-4335 Adult Non-Residential S ervices Outpatient - Inc | Outpatient - Co- Occurring; Outpatient urring; Assessment: (308)633-2020 Services Outpatient - dividual; Juvenile Nor |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | cluding Group Sessions-Mental Health; Outpatient Therapy tensive Outpatient Therapy-Mental Health; Assessment: Pro ccurring | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | Evaluations; Adult Non-Residential Services Intervention/Edu ient - Family; Adult Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile Assessm n; Juvenile Non-Residential Services Outpatient - Groups; J Individual; Juvenile Non-Residential Services Outpatient - C | dividual; Adult Non-Residential nent Services Substance Abuse uvenile Non-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; (| Outpatient Therapy including Group Sessions-Mental Health ng; Assessment: Pre-Treatment Assessment (Medicaid) | ; Outpatient Therapy including | Family Sessions- |
| | Siluing ree Scale, | 1811 Avenue A Scottsbluff NB 69361 | (417)412 0095 | (200)022 4044 |
| Stermensky, Dr. Gage | | | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Inten Residential Services Outpatient - Groups; Juver | Evaluations; Adult Non-Residential Services Outpatient - Gro sive Outpatient Treatment; Juvenile Assessment Services S nile Non-Residential Services Outpatient - Individual | Substance Abuse Evaluations; | Juvenile Non- |
| | | Co-Occurring; Adults who Sexually Harm Evaluation; Psych | e | ., |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | Dutpatient Therapy including Group Sessions-Mental Health o Sexually Harm; Outpatient Therapy - Co-occurring; Intensiv int Assessment (Medicaid); Assessment: Mental Status Exam ; Assessment: Assessment: Co-Occurring | ve Outpatient: Intensive Outpat | ient Therapy-Youth |
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| Name | Agency | Address | Phone | Fax |
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| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Adult Residential Services D | dult Non-Residential | Services Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Brugger, Keri | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)382-5297 | (308)382-5315 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | | Family Sessions- |
| Other Services: | Mental Health; Outpatient Therapy - Co-occurring | g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | Co-Occurring | |
| 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 | | ndividual; Adult Non- al Services Short Ter on; Juvenile Non-Res | Residential Services m Residential; sidential Services |
| | Outpatient Therapy - Individual-Mental Health; Ou Co-Occurring Sliding Fee Scale; | utpatient Therapy including Family Sessions-Mental Health; Outpatien | nt Therapy - Co-occu | irring; Assessment: |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | I Evaluation; Assess | ment: Juvenile Who |
| Other Services: | - | | | |

| Name | Agency | Address | Phone | Fax |
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| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | • |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| | Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Adult N Services Extended Residential; Adult Residentia | | ring Treatment; Adult | Non-Residential |
| | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpat | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental apy including Family Sessions-Mental Health; Outpatient Therapy - Ea ient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatier aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ating Disorder; Outpa nt Therapy-Youth Wh | atient Therapy - Co- o Sexually Harm; |
| Other Services: | | | | |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| | Adult Non-Residential Services Outpatient - Indiv Halfway-House | cation; Adult Non-Residential Services Outpatient - Groups; Adult Norvidual; Adult Non-Residential Services Outpatient - Co-Occurring Treation | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Rowley, Abbie | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)920-2809 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Individual; Ad Services Substance Abuse Evaluations; Juvenile Non-Residential Ser Freatment | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; C | Dutpatient Therapy - Individual-Mental Health | | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | |
| Stahlecker, Rebecca | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | aluations; Adult Non-Residential Services Intervention/Educ int - Family; Adult Non-Residential Services Outpatient - Ind iervices Substance Abuse Evaluations; Juvenile Non-Reside Jvenile Non-Residential Services Outpatient - Family; Juven to-Occurring Treatment Co-Occurring: Adults who Sexually Harm Evaluation; Outpati | ividual; Adult Non-Residential S ential Services Intervention/Edu ile Non-Residential Services O | Services Outpatient - ication; Juvenile |
| | Non-Treatment: Intensive Family Preservation; O Outpatient Therapy - Youth Who Sexually Harm; | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Outpatient Therapy - Eating Disorder; Outpatient Therapy - Itus Exam (MSE); Assessment: Juvenile Who Sexually Harr | erapy including Family Session Co-occurring; Assessment: Pr | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Educ Int - Family; Adult Non-Residential Services Outpatient - Ind Services Intensive Outpatient Treatment; Juvenile Assessme ; Juvenile Non-Residential Services Outpatient - Groups; Ju adividual; Juvenile Non-Residential Services Outpatient - Co | ividual; Adult Non-Residential ent Services Substance Abuse venile Non-Residential Service | Services Outpatient - Evaluations; Juvenil s Outpatient - Family |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; g; Assessment: Pre-Treatment Assessment (Medicaid) | Outpatient Therapy including F | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Swantek, Mallory | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)371-3044 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Educ nt - Family; Adult Non-Residential Services Outpatient - Ind vices Intervention/Education; Juvenile Non-Residential Services | ividual; Juvenile Assessment S | ervices Substance |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Assessm | nent: Pre-Treatment Assessment (Medicaid) | | |
| Other Services: | | | | |

| 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/E | valuations; Adult Non-Residential Services Intervention/Education; A es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment S ducation; Juvenile Non-Residential Services Outpatient - Groups; Ju patient - Individual; Juvenile Non-Residential Services Outpatient - C | Family; Adult Non-Re ervices Substance Al uvenile Non-Resident | esidential Services ouse Evaluations; ial Services Outpatier |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio | o-psychosocial); Co-C | Occurring; Outpatient |
| | Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati Treatment Assessment (Medicaid); Assessment: | Treatment: General Education Class; Outpatient Therapy - Individua ient Therapy including Family Sessions-Mental Health; Outpatient TI 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 Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; / ervices Substance Abuse Evaluations; Juvenile Non-Residential Se uvenile Non-Residential Services Outpatient - Family; Juvenile Non- co-Occurring Treatment | Adult Non-Residential rvices Intervention/Ec | Services Outpatient |
| Mental Health Services: | 1 17 | | | |
| Juvenile Services: | Sliding Fee Scale; | | | |
| Other Services: | Sliding Fee Scale. | | | |
| | Shariy i ce Scale, | | | |
| | Weber Behavioral Health | 942 N 13th Geneva NB 68361 | (402)759-3802 | (402)759-3803 |
| Weber, Kristi | Weber Behavioral Health | 942 N 13th Geneva NB 68361 raluations; Adult Non-Residential Services Outpatient - Co-Occurring | () | (402)759-3803 |
| Weber, Kristi Substance Abuse Services: | Weber Behavioral Health Adult Assessment Services Substance Abuse Ev | | Treatment | (402)759-3803 |
| Weber, Kristi Substance Abuse Services: Mental Health Services: | Weber Behavioral Health Adult Assessment Services Substance Abuse Ev Juvenile Pre-Treatment Assessment (PTA); Pre- Outpatient Therapy - Individual-Mental Health; O | valuations; Adult Non-Residential Services Outpatient - Co-Occurring | Treatment lication Evaluation ment: Pre-Treatment | Assessment |
| Weber, Kristi Substance Abuse Services: Mental Health Services: Juvenile Services: | Weber Behavioral Health Adult Assessment Services Substance Abuse Ev Juvenile Pre-Treatment Assessment (PTA); Pre- Outpatient Therapy - Individual-Mental Health; O | raluations; Adult Non-Residential Services Outpatient - Co-Occurring Treatment Assessment (bio-psychosocial); Outpatient Therapy; Med utpatient Therapy including Family Sessions-Mental Health; Assess | Treatment lication Evaluation ment: Pre-Treatment | Assessment |
| Weber, Kristi Substance Abuse Services: Mental Health Services: Juvenile Services: | Weber Behavioral Health Adult Assessment Services Substance Abuse Ev Juvenile Pre-Treatment Assessment (PTA); Pre- Outpatient Therapy - Individual-Mental Health; Ou (Medicaid); Assessment: Outpatient Psychiatric E | raluations; Adult Non-Residential Services Outpatient - Co-Occurring Treatment Assessment (bio-psychosocial); Outpatient Therapy; Med utpatient Therapy including Family Sessions-Mental Health; Assess | Treatment lication Evaluation ment: Pre-Treatment | Assessment |
| Weber, Kristi Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: White, Lisa | Weber Behavioral Health Adult Assessment Services Substance Abuse Ev Juvenile Pre-Treatment Assessment (PTA); Pre- Outpatient Therapy - Individual-Mental Health; Or (Medicaid); Assessment: Outpatient Psychiatric E Sliding Fee Scale; Horizon Recovery & Counseling Center Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | raluations; Adult Non-Residential Services Outpatient - Co-Occurring Treatment Assessment (bio-psychosocial); Outpatient Therapy; Med utpatient Therapy including Family Sessions-Mental Health; Assess Evaluation; Assessment: Mental Status Exam (MSE); Assessment: M 835 S Burlington Ste 115 Hastings NB 68901 raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; A services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; A evaluations Non-Residential Services Outpatient - Individual; A services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non- | (308)383-1622 dult Non-Residential rvices Intervention/Eco | Assessment ent Services Outpatient - Services Outpatient ducation; Juvenile |
| Weber, Kristi Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: White, Lisa Substance Abuse Services: | Weber Behavioral Health Adult Assessment Services Substance Abuse Ev Juvenile Pre-Treatment Assessment (PTA); Pre- Outpatient Therapy - Individual-Mental Health; Or (Medicaid); Assessment: Outpatient Psychiatric E Sliding Fee Scale; Horizon Recovery & Counseling Center Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju | raluations; Adult Non-Residential Services Outpatient - Co-Occurring Treatment Assessment (bio-psychosocial); Outpatient Therapy; Med utpatient Therapy including Family Sessions-Mental Health; Assess Evaluation; Assessment: Mental Status Exam (MSE); Assessment: M 835 S Burlington Ste 115 Hastings NB 68901 raluations; Adult Non-Residential Services Intervention/Education; A ant - Family; Adult Non-Residential Services Outpatient - Individual; A services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non- co-Occurring Treatment | (308)383-1622 dult Non-Residential rvices Intervention/Eco | Assessment ent Services Outpatient - Services Outpatient - ducation; Juvenile |
| Weber, Kristi Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: White, Lisa Substance Abuse Services: Mental Health Services: Juvenile Services: | Weber Behavioral Health Adult Assessment Services Substance Abuse Ev Juvenile Pre-Treatment Assessment (PTA); Pre- Outpatient Therapy - Individual-Mental Health; Or (Medicaid); Assessment: Outpatient Psychiatric E Sliding Fee Scale; Horizon Recovery & Counseling Center Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Pre-Treatment Assessment (bio-psychosocial); C | raluations; Adult Non-Residential Services Outpatient - Co-Occurring Treatment Assessment (bio-psychosocial); Outpatient Therapy; Med utpatient Therapy including Family Sessions-Mental Health; Assess Evaluation; Assessment: Mental Status Exam (MSE); Assessment: M 835 S Burlington Ste 115 Hastings NB 68901 raluations; Adult Non-Residential Services Intervention/Education; A ant - Family; Adult Non-Residential Services Outpatient - Individual; A services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; A co-Occurring Treatment Co-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatient | (308)383-1622 dult Non-Residential Adult Non-Residential Adult Non-Residential Adult Services | Assessment ent Services Outpatient - Services Outpatient ducation; Juvenile Outpatient - Individua |

| Name Agency | Address | Phone | Fax |
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| Name | Agency | Address | Phone | Fax |
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| Attoungble, Ashley | Blue Valley Behavioral Health | 1903 4th Corso Nebraska City NB 68410 | (402)873-5505 | |
| | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential Se es Substance Abuse E n-Residential Services | ervices Outpatient - valuations; Juvenile Outpatient - Family; |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier ent: Mental Status Exam (MSE); Assessment: Co-Occurring | nt Therapy - Co-occurri | ng; Assessment: |
| Other Services: | Sliding Fee Scale; | ent. Mental Otatus Exam (MOE), Assessment. Oo Occuming | | |
| Borrenpohl, Jennifer | Willow Psychotherapy | 2120 S 56th Street Suite 206 Lincoln NB 68506 | (402)335-7752 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)461-4960 | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Adu es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | amily; Adult Non-Resid | lential Services |
| Mental Health Services: Juvenile Services: | Co-Occurring; Outpatient Therapy | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | I Evaluation; Assessme | ent: Juvenile Who |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|--|
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| | Non-Treatment: Day Reporting; Non-Treatment | : General Education Class | | |
| 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 Outpat Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Educatio Juvenile Non-Residential Services Outpatient - Services Intensive Outpatient Treatment | Evaluations; Adult Non-Residential Services Intervention/Edi ient - Family; Adult Non-Residential Services Outpatient - I Services Intensive Outpatient Treatment; Juvenile Assess n; Juvenile Non-Residential Services Outpatient - Groups; Individual; Juvenile Non-Residential Services Outpatient - | Individual; Adult Non-Residential sment Services Substance Abuse Juvenile Non-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurri | Outpatient Therapy including Group Sessions-Mental Heal ng; Intensive Outpatient: Intensive Outpatient Therapy-Men nent Assessment (Medicaid); Assessment: Mental Status B | ntal Health; Intensive Outpatient: | Intensive Outpatient |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpat Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Educatio Juvenile Non-Residential Services Outpatient - Services Intensive Outpatient Treatment | Evaluations; Adult Non-Residential Services Intervention/Ed ient - Family; Adult Non-Residential Services Outpatient - I Services Intensive Outpatient Treatment; Juvenile Assess n; Juvenile Non-Residential Services Outpatient - Groups; Individual; Juvenile Non-Residential Services Outpatient - | Individual; Adult Non-Residential sment Services Substance Abuse Juvenile Non-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | Pre-Treatment Assessment (bio-psychosocial); | | | |
| Juvenile Services: | | Outpatient Therapy including Group Sessions-Mental Heal ng: Assessment: Pre-Treatment Assessment (Medicaid) | th; Outpatient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Trauernicht, Joellyn | Blue Valley Behavioral Health | 1123 N 9th St Beatrice NB 68310 | (402)228-3386 | (402)228-2004 |
| | | Evaluations; Adult Non-Residential Services Intervention/Ed ient - Individual; Adult Non-Residential Services Intensive Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|----------------------|---------------------|
| Volnek, Ashley | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-8748 | (402)475-6728 |
| Substance Abuse Services: | Adult Residential Services Dual Residential (MH/ | SA) | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| 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 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: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatie ent: Co-Occurring | nt Therapy - Co-occi | urring; Assessment: |
| Other Services: | | | | |

Registered Service Providers for County: Nuckolls

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|-------------------------------------|
| Betka, Cindy | FGH Inc | 942 N 13th St. Geneva NB 68361 | (402)879-5959 | (402)759-3803 |
| | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual | ult Non-Residential \$ | Services Outpatient - |
| Juvenile Services: | including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy - Individual ent Therapy including Family Sessions-Mental Health; Outpatient The nent Assessment (Medicaid); Assessment: Co-Occurring | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | al Evaluation; Assess | sment: Juvenile Who |
| Other Services: | | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| | Non-Treatment: Day Reporting; Non-Treatment: 0 | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Outpatient | Therapy | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; Ir | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental Health; rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme ment: Juvenile Who Sexually Harm Risk Assessment | ealth; Outpatient The t | erapy - Youth Who ent: Intensive |
| Other Services: | | | | |
| Patitz, Beverly | New Dimensions Counseling | 223 East 14th, Suite 220 Hastings NB 68901 | (402)519-0159 | (402)463-9169 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evaluation | ons | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- | psychosocial); Co-C | occurring; Outpatient |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; N including Family Sessions-Mental Health; Outpati (Medicaid); Assessment: Mental Status Exam (Medicaid); | on-Treatment: Supervised Visitation; Outpatient Therapy - Individual- ient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; As SE); Assessment: Co-Occurring | Mental Health; Outp ssessment: Pre-Trea | atient Therapy Itment Assessment |

Registered Service Providers for County: Nuckolls

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; | | I | |
| Springer, Jo | Spouse Abuse Sexual Assault Crisis Center, Inc | 220 S Burlington, Suite 4 Hastings NB 68901 | (402)463-5810 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Educ ent - Family; Adult Non-Residential Services Outpatient - Indi Services Intensive Outpatient Treatment; Juvenile Assessme n; Juvenile Non-Residential Services Outpatient - Groups; Juv ndividual; Juvenile Non-Residential Services Outpatient - Co | vidual; Adult Non-Residential ent Services Substance Abuse venile Non-Residential Service | Services Outpatient Evaluations; Juvenies Outpatient - Famil |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Outpatient Therapy | | |
| Juvenile Services: | | Dutpatient Therapy including Group Sessions-Mental Health; g; Assessment: Pre-Treatment Assessment (Medicaid) | Outpatient Therapy including | 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: | Individual; Adult Non-Residential Services Intens | valuations; Adult Non-Residential Services Outpatient - Grou sive Outpatient Treatment; Juvenile Assessment Services Su ile Non-Residential Services Outpatient - Individual; Juvenile | bstance Abuse Evaluations; J | luvenile Non- |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Sullivan, Michael | Michael Sullivan Counseling | 208 N. 5th St. Norfolk NB 68701-4155 | (402)750-7923 | (402)226-5161 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Grou nt - Individual; Adult Non-Residential Services Outpatient - C | | vices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

Registered Service Providers for County: Nuckolls

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|--|
| Weber, Kristi | Weber Behavioral Health | 942 N 13th Geneva NB 68361 | (402)759-3802 | (402)759-3803 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Co-Occurrin | g Treatment | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre-T | Treatment Assessment (bio-psychosocial); Outpatient Therapy; Me | dication Evaluation | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Assess Evaluation; Assessment: Mental Status Exam (MSE); Assessment: | | |
| Other Services: | Sliding Fee Scale; | | | |
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)383-1622 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | • | Adult Non-Residential ervices Intervention/Ec | Services Outpatient ducation; Juvenile |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpat | ent Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | e e e e e e e e e e e e e e e e e e e | | |

| Name | Agency | Address | Phone | Fax | |
|---|--|---|--|---|--|
| | | | | | |
| Attoungble, Ashley | Blue Valley Behavioral Health | 1903 4th Corso Nebraska City NB 68410 | (402)873-5505 | | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenil es Outpatient - Family | |
| | | Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy | | | |
| | Pre-Treatment Assessment (Medicaid); Assessm | patient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assessment: -Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occurring | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Borrenpohl, Jennifer | Willow Psychotherapy | 2120 S 56th Street Suite 206 Lincoln NB 68506 | (402)335-7752 | | |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Outpatient Therapy | | | | |
| Juvenile Services: | | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Carlson, Scott | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)658-3737 | | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | | |
| Cottam, Glenda | Cottam Psychological Services | 2730 S 87th Ave Omaha NB 68124-3045 | (402)331-8085 | (402)331-8265 | |
| | Pre-Treatment Assessment (bio-psychosocial); P Outpatient Therapy - Individual-Mental Health; Ou | sychological Evaluation; Outpatient Therapy utpatient Therapy including Family Sessions-Mental Health; Assessm | ent: Psychological E | valuation | |
| DeLaet, Theodore | Theodore J. DeLaet, PhD, PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 | |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Sexually Harm Evaluation; Psychological Evaluat | nile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment A ion; Outpatient Therapy | ssessment (bio-psyc | chosocial); Adults who | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); SE); Assessment: Psychological Evaluation; Assessment: Juvenile W | Assessment: Outpat | tient Psychiatric | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | |
| Denney, Rachel | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)730-6802 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Juvenile Assessment Se ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile adividual; Juvenile Non-Residential Services Outpatient - Co-Occu | I; Adult Non-Residential S ervices Substance Abuse I Non-Residential Services | ervices Outpatient Evaluations; Juvenil |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Outp | atient Therapy - Co-occur | ring |
| Other Services: | Sliding Fee Scale; | | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)461-4960 | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Service | raluations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpatier rvices Outpatient - Co-Occurring Treatment; Adult Non-Residentia | it - Family; Adult Non-Resi | idential Services |
| Juvenile Services: | Co-Occurring; Outpatient Therapy | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Eberle, Jeremy | Eberle Therapy Services PC | 630 N Cotner Blvd Suite 103 Lincoln NB 68505 | (402)440-5094 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa | raluations; Adult Non-Residential Services Outpatient - Family; Ad | lult Non-Residential Servic | ces Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | 5 | | |
| Juvenile Services: | | 0, 1 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, | | |
| Other Services: | | | | |
| Furby, Cleveland | Alcohol and Drug Counseling Services | 1203 High St Lincoln NB 68502 | (402)301-5371 | (000)000-0000 |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Outpatient - Groups; A nt - Individual; Adult Non-Residential Services Intensive Outpatier | | ices Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|-------------------------|--------------------------------------|
| Giles, Nicholas | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; / ent - Family; Adult Non-Residential Services Outpatient - Individual; | | |
| Mental Health Services: | | Treatment Assessment (bio-psychosocial); Co-Occurring; Adults w | no Sexually Harm Eva | luation; Psychologica |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who Health; Intensive Outpatient: Intensive Outpatien | utpatient Therapy including Group Sessions-Mental Health; Outpati Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpat It Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensiv aid); Assessment: Mental Status Exam (MSE); Assessment: Psych | tient: Intensive Outpat | ient Therapy-Mental Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Gilfillan, Dameon | | 2109 S 24th St Lincoln NB 68502 | (402)346-0902 | (402)342-5290 |
| Mental Health Services: | Outpatient Treatment; Juvenile Assessment Serv Residential Services Outpatient - Groups; Juveni Juvenile Non-Residential Services Intensive Out | ent - Family; Adult Non-Residential Services Outpatient - Individual; vices Substance Abuse Evaluations; Juvenile Non-Residential Serv ile Non-Residential Services Outpatient - Family; Juvenile Non-Res patient Treatment | ices Intervention/Educ | ation; Juvenile Non- |
| 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 | |
| | | | | |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpati g: Assessment: Pre-Treatment Assessment (Medicaid); Assessmer | | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Harmes, Eric | Wellspring Behavioral Health | 1600 S. 70th Street Suite 200 Lincoln NB 68506 | (402)318-3787 | (402)939-0437 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | Sliding Fee Scale: | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|--|--|---|---------------------|
| Herdman, John | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)489-9792 | (402)489-9793 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Education; Ad ant - 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 Co-Occurring Treatment | dult Non-Residential vices Intervention/Ec | Services Outpatient |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Co-Occurring; Psychologi | cal Evaluation; Outp | atient Therapy |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | |
| Other Services: | Psychological Evaluation, Assessment. Co-Occu | nnng | | |
| Hinrichs, Robin | | 7441 O St. Ste 402 Lincoln NB 68510-2466 | (402)483-4215 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | 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 Co-Occurring Treatment | ing Treatment; Juve | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; O Mental Status Exam (MSE); Assessment: Co-Oc | utpatient Therapy including Family Sessions-Mental Health; Outpatien curring | nt Therapy - Co-occi | urring; Assessment: |
| | | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| | | Adults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | I Evaluation; Assess | sment: Juvenile Who |
| Other Services: | | | | |
| Kelch, Tammy | | P.O. Box 264 Syracuse NB 68446 | (402)890-9957 | |
| | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - C | | ing Treatment; Juve | nile Assessment |
| | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other 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 |
| | 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; A int - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services D renile Assessment Services Substance Abuse Evaluations; Juvenile N atient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residen | dult Non-Residential Dual Residential (MH Non-Residential Serv y; Juvenile Non-Res | Services Outpatient /SA); Adult rices Care Monitoring dential Services |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | 1 17 8 | patient: Intensive Outpatient Therapy-Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| | Family; Adult Non-Residential Services Outpatier | | ing Treatment; Adult | Non-Residential |
| | 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; | raluations; Adult Non-Residential Services Intervention/Education; Ad ant - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No adividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin Co-Occurring; Outpatient Therapy | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient Evaluations; Juveni es Outpatient - Famil |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | ntensive Outpatient: | Intensive Outpatient |
| Other Services: | | | | |
| Miller, Shannon | Lincoln Medical Education Partnership | 4600 Valley Road Lincoln NB 68510 | (402)327-6822 | (402)483-4594 |
| | | | | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | |
| Neve, Robert | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)612-2516 | (402)614-5447 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servic | valuations; Adult Non-Residential Services Intervention/Educati es Outpatient - Groups; Adult Non-Residential Services Outpat rvices Outpatient - Co-Occurring Treatment; Adult Non-Reside | ient - Family; Adult Non-Re | sidential Services |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Other Services: | Sliding Fee Scale; | | | |
| Paine, Mary | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Psychological Evaluation | n; EPC Crisis Center; Outpa | tient Therapy |
| Juvenile Services: | | | | |
| | Sliding Fee Scale; Serenity Matters | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 6 | 68111 (402)830-3890 | (402)905-0011 |
| Other Services: Prince, Reginald Substance Abuse Services: | Sliding Fee Scale; Serenity Matters Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Se Services Outpatient - Family; Juvenile Non-Residential Se | valuations; Adult Non-Residential Services Intervention/Educati ent - Family; Adult Non-Residential Services Outpatient - Indivic rvices Intervention/Education; Juvenile Non-Residential Service | on; Adult Non-Residential S dual; Juvenile Assessment | Services Outpatient - Services Substance |
| Other Services: Prince, Reginald Substance Abuse Services: Mental Health Services: | Sliding Fee Scale; Serenity Matters Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Se Services Outpatient - Family; Juvenile Non-Residential Se Co-Occurring; Outpatient Therapy | valuations; Adult Non-Residential Services Intervention/Educati ent - Family; Adult Non-Residential Services Outpatient - Indivic rvices Intervention/Education; Juvenile Non-Residential Service | on; Adult Non-Residential S dual; Juvenile Assessment | Services Outpatient - Services Substance |
| Other Services: Prince, Reginald Substance Abuse Services: Mental Health Services: Juvenile Services: | Sliding Fee Scale; Serenity Matters Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Se Services Outpatient - Family; Juvenile Non-Residential Se Co-Occurring; Outpatient Therapy Non-Treatment: Anger Management Class | valuations; Adult Non-Residential Services Intervention/Educati ent - Family; Adult Non-Residential Services Outpatient - Indivic rvices Intervention/Education; Juvenile Non-Residential Service | on; Adult Non-Residential S dual; Juvenile Assessment | Services Outpatient - Services Substance |
| Other Services: Prince, Reginald Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Sliding Fee Scale; Serenity Matters Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Se Services Outpatient - Family; Juvenile Non-Residential Co-Occurring; Outpatient Therapy Non-Treatment: Anger Management Class Sliding Fee Scale; | valuations; Adult Non-Residential Services Intervention/Educati ent - Family; Adult Non-Residential Services Outpatient - Indivic rvices Intervention/Education; Juvenile Non-Residential Service | on; Adult Non-Residential S dual; Juvenile Assessment | Services Outpatient - Services Substance |
| Other Services: Prince, Reginald Substance Abuse Services: Mental Health Services: Juvenile Services: | Sliding Fee Scale; Serenity Matters Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Se Services Outpatient - Family; Juvenile Non-Residential Se Services Outpa | valuations; Adult Non-Residential Services Intervention/Educati ent - Family; Adult Non-Residential Services Outpatient - Indivio rvices Intervention/Education; Juvenile Non-Residential Service dential Services Outpatient - Individual 5217 S 28th St Omaha NB 68107 | ion; Adult Non-Residential S dual; Juvenile Assessment a es Outpatient - Groups; Juv (402)715-5440 | Services Outpatient - Services Substance renile Non-Residentia (402)715-5452 |
| Other Services: Prince, Reginald Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Salvatore, Christine Substance Abuse Services: | Sliding Fee Scale; Serenity Matters Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Se Services Outpatient - Family; Juvenile Non-Reside Co-Occurring; Outpatient Therapy Non-Treatment: Anger Management Class Sliding Fee Scale; Stephen Center Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Educati ent - Family; Adult Non-Residential Services Outpatient - Individ rvices Intervention/Education; Juvenile Non-Residential Service dential Services Outpatient - Individual 5217 S 28th St Omaha NB 68107 valuations; Adult Non-Residential Services Intervention/Educati ent - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Juvenile Assessment ; Juvenile Non-Residential Services Outpatient - Groups; Juver individual; Juvenile Non-Residential Services Outpatient - Co-O | ion; Adult Non-Residential S dual; Juvenile Assessment a es Outpatient - Groups; Juv (402)715-5440 ion; Adult Non-Residential Services Substance Abuse nile Non-Residential Service | Services Outpatient - Services Substance enile Non-Residentia (402)715-5452 Services Outpatient - Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Other Services: Prince, Reginald Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Salvatore, Christine Substance Abuse Services: Mental Health Services: | Sliding Fee Scale; Serenity Matters Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Se Services Outpatient - Family; Juvenile Non-Residential Se Co-Occurring; Outpatient Therapy Non-Treatment: Anger Management Class Sliding Fee Scale; Stephen Center Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In | valuations; Adult Non-Residential Services Intervention/Education rvices Intervention/Education; Juvenile Non-Residential Service dential Services Outpatient - Individual 5217 S 28th St Omaha NB 68107 valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Juvenile Assessment r; Juvenile Non-Residential Services Outpatient - Groups; Juver ndividual; Juvenile Non-Residential Services Outpatient - Co-O Co-Occurring; Outpatient Therapy | ion; Adult Non-Residential S dual; Juvenile Assessment a es Outpatient - Groups; Juv (402)715-5440 ion; Adult Non-Residential Services Substance Abuse nile Non-Residential Service | Services Outpatient - Services Substance enile Non-Residentia (402)715-5452 Services Outpatient - Services Outpatient e Evaluations; Juveni es Outpatient - Famil |

| News | | Address | Dhama | Feu |
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| Name | Agency | Address | Phone | Fax |
| Schifferns, Holli | Lutheran Family Services of NE Inc | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)292-9102 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Outpatient Therapy | | |
| Other Services: | Sliding Fee Scale; | | | |
| Smith, Morgan | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (308)390-9347 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy inc ental Health; Outpatient Therapy - Eating Disorder | luding Group Sessior | s-Mental Health; |
| Other Services: | | ······································ | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abuse on-Residential Service | Services Outpatient Evaluations; Juveni s Outpatient - Famil |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatie | nt Therapy including I | amily Sessions- |
| | Mental Health; Outpatient Therapy - Co-occurring | ; Assessment: Pre-Treatment Assessment (Medicaid) | | |
| Other Services: | Sliding Fee Scale; | | | |
| Ticknor, Brenda | Alegent Health | 3308 Samson Way Ste 203 Bellevue NB 68123 | (402)717-7674 | (402)291-8806 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatn | ring Treatment; Juver ential Services Outpat | ile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpatie der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment | | |
| Other Services: | Hearing Impaired; Bilingual Services; | - | | |

| Name | Agency | | Address | Phone | Fax |
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| Trauernicht, Joellyn | 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 Ev Groups; Adult Non-Residential Services Outpatie Extended Residential | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpat | ient Therapy | | |
| Juvenile Services: | | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Volnek, Ashley | CenterPointe | 2633 P St Linco | In NB 68503 | (402)475-8748 | (402)475-6728 |
| Substance Abuse Services: | Adult Residential Services Dual Residential (MH/ | SA) | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | | |
| Juvenile Services: | | | | | |
| Other Services: | | | | | |
| Williams, Ann | Ann's Couch | 4004 N. 91st Str | eet Omaha NB 68134 | (402)613-0691 | (800)496-7283 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Family; Juvenile Treatment | tient - Co-Occurring | Treatment; Juvenile Assessment Services Subst | ance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpat | ient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm | | cluding Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occ | urring; Assessment: |
| Other Services: | | J | | | |
| Zlomke, Leland | Nebraska Mental Health Centers | 4545 S 86th St I | Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Sexually Harm Evaluation; Psychological Evaluat | | | ssessment (bio-psyd | chosocial); Adults who |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Youth Who S Assessment: Mental Status Exam (MSE); Assess | utpatient Therapy ind Sexually Harm; Outp | cluding Group Sessions-Mental Health; Outpatien atient Therapy - Eating Disorder; Assessment: P | re-Treatment Asses | sment (Medicaid); |
| Other Services: | | | | | |

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| 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 | aluations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A rices Substance Abuse Evaluations; Juvenile Non-Residential Service le Non-Residential Services Outpatient - Family; Juvenile Non-Reside patient Treatment | dult Non-Residential es Intervention/Educa | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | | atment: Anger Management Class; Non-Treatment: General Educati | on Class: Non-Treatr | nent: Employment |
| Suverille Services. | Placement Program; Non-Treatment: Family Part | | on class, Non-fread | nem. Employment |
| Other Services: | Bilingual Services; | | | |
| Crouch, Samuel | | 120 E 16th St Suite C Scottsbluff NB 69361 | (308)225-0500 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individual; Juv | venile Assessment Se | ervices Substance |
| Mental Health Services: | Abuse Evaluations; Juvenile Non-Residential Ser Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including I | Family Sessions- |
| | | g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Outpatient | t Therapy | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; Ir | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental H rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment | ealth; Outpatient The th; Intensive Outpatie | rapy - Youth Who ent: Intensive |
| Other Services | | | | |

Other Services:

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

| Name | Agency | Address | Phone | Fax |
|---|---|--|---|--|
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient The occurring; Intensive Outpatient: Intensive Outpatient: | ; Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental rapy including Family Sessions-Mental Health; Outpatient Therapy - E itient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien caid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ating Disorder; Outpa nt Therapy-Youth Wh | atient Therapy - Co- o Sexually Harm; |
| Other Services: | | | | |
| Neve, Robert | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)612-2516 | (402)614-5447 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servi | Evaluations; Adult Non-Residential Services Intervention/Education; Ad ces Outpatient - Groups; Adult Non-Residential Services Outpatient - ervices Outpatient - Co-Occurring Treatment; Adult Non-Residential S | Family; Adult Non-Re | esidential Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Raney, Sandra | Open Door | 1870 9th St Gering NB 69341 | (308)225-4335 | (308)633-2020 |
| Substance Abuse Services: | | Evaluations; Adult Non-Residential Services Outpatient - Individual; Ad Services Substance Abuse Evaluations; Juvenile Non-Residential Ser Treatment | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juv Therapy | venile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio | o-psychosocial); Co-C | Occurring; Outpatient |
| Juvenile Services: | Evening Reporting; Non-Treatment: Anger Man Outpatient Therapy including Group Sessions-N | reatment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatm agement Class; Non-Treatment: General Education Class; Outpatient /lental Health; Outpatient Therapy including Family Sessions-Mental H apy-Mental Health; Assessment: Pre-Treatment Assessment (Medicai | Therapy - Individual- lealth; Outpatient The | Mental Health; erapy - Co-occurring |
| Other Services: | Sliding Fee Scale; | | | |
| Schifferns, Holli | Lutheran Family Services of NE Inc | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)292-9102 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); | Adults who Sexually Harm Evaluation; Outpatient Therapy | | |
| | Sliding Fee Scale: | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| Stennis, Gladys | Infinite Avenues Counseling | 7117 Farnam St Suite 17 Omaha NB 68132 | (402)905-6296 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E | valuations | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Stratton, Elizabeth | Catalyst Alternative Therapy Solutions & Life Coaching | 10320 Mary St Omaha NB 68122 | (402)957-4841 | |
| | | | | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Group ent - Individual: Adult Non-Residential Services Outpatient - Co | | rvices Outpatient - |
| | | ent - Individual; Adult Non-Residential Services Outpatient - Co | | rvices Outpatient - |
| | Family; Adult Non-Residential Services Outpatie | ent - Individual; Adult Non-Residential Services Outpatient - Co | | rvices Outpatient - |
| Mental Health Services: | Family; Adult Non-Residential Services Outpatie | ent - Individual; Adult Non-Residential Services Outpatient - Co | | rvices Outpatient - |
| Mental Health Services: Juvenile Services: | Family; Adult Non-Residential Services Outpatie | ent - Individual; Adult Non-Residential Services Outpatient - Co | | vices Outpatient - (800)496-7283 |
| Mental Health Services: Juvenile Services: Other Services: Williams, Ann Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Pre-Treatment Assessment (bio-psychosocial); Ann's Couch Adult Assessment Services Substance Abuse E Individual; Adult Non-Residential Services Outpatient - Family; Juveni Treatment | ent - Individual; Adult Non-Residential Services Outpatient - Co Co-Occurring; Outpatient Therapy 4004 N. 91st Street Omaha NB 68134 valuations; Adult Non-Residential Services Outpatient - Family atient - Co-Occurring Treatment; Juvenile Assessment Service ile Non-Residential Services Outpatient - Individual; Juvenile N | -Occurring Treatment (402)613-0691 7; Adult Non-Residential Servers 25 Substance Abuse Evaluat | (800)496-7283 vices Outpatient - ions; Juvenile Nor |
| Mental Health Services: Juvenile Services: Other Services: Williams, Ann Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Pre-Treatment Assessment (bio-psychosocial); Ann's Couch Adult Assessment Services Substance Abuse E Individual; Adult Non-Residential Services Outpatient - Family; Juven | ent - Individual; Adult Non-Residential Services Outpatient - Co Co-Occurring; Outpatient Therapy 4004 N. 91st Street Omaha NB 68134 valuations; Adult Non-Residential Services Outpatient - Family atient - Co-Occurring Treatment; Juvenile Assessment Service ile Non-Residential Services Outpatient - Individual; Juvenile N | -Occurring Treatment (402)613-0691 7; Adult Non-Residential Servers 25 Substance Abuse Evaluat | (800)496-7283 vices Outpatient - ions; Juvenile Nor |
| Mental Health Services: Juvenile Services: Other Services: Williams, Ann Substance Abuse Services: Mental Health Services: | Family; Adult Non-Residential Services Outpatie Pre-Treatment Assessment (bio-psychosocial); Ann's Couch Adult Assessment Services Substance Abuse E Individual; Adult Non-Residential Services Outpatient - Family; Juven Residential Services Outpatient - Family; Juven Treatment Pre-Treatment Assessment (bio-psychosocial); | ent - Individual; Adult Non-Residential Services Outpatient - Co Co-Occurring; Outpatient Therapy 4004 N. 91st Street Omaha NB 68134 valuations; Adult Non-Residential Services Outpatient - Family atient - Co-Occurring Treatment; Juvenile Assessment Service ile Non-Residential Services Outpatient - Individual; Juvenile N Co-Occurring; Outpatient Therapy Dutpatient Therapy including Family Sessions-Mental Health; O | -Occurring Treatment (402)613-0691 /; Adult Non-Residential Services Substance Abuse Evaluat Ion-Residential Services Out | (800)496-728 vices Outpatient - ions; Juvenile No tpatient - Co-Occi |

| Name | Agency | Address | Phone | Fax |
|---|---|---|---|---|
| Borrenpohl, Jennifer | Willow Psychotherapy | 2120 S 56th Street Suite 206 Lincoln NB 68506 | (402)335-7752 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)461-4960 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | valuations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpatie ervices Outpatient - Co-Occurring Treatment; Adult Non-Residenti | nt - Family; Adult Non-Resi | dential Services |
| Mental Health Services: Juvenile Services: | Co-Occurring; Outpatient Therapy | | | |
| | Sliding Fee Scale; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Psychological Evaluation | | |
| | Outpatient Therapy - Youth Who Sexually Harm | Adults who Sexually Harm Evaluation; Psychological Evaluation ; Assessment: Mental Status Exam (MSE); Assessment: Psychol | ogical Evaluation; Assessm | ent: Juvenile Wł |
| | Outpatient Therapy - Youth Who Sexually Harm, Sexually Harm Risk Assessment | | ogical Evaluation; Assessm | ent: Juvenile Wh |
| Juvenile Services: Other Services: | Outpatient Therapy - Youth Who Sexually Harm, Sexually Harm Risk Assessment | | ogical Evaluation; Assessm (402)429-1050 | ent: Juvenile Wh |
| Juvenile Services: Other Services: | Outpatient Therapy - Youth Who Sexually Harm Sexually Harm Risk Assessment Community Justice Center | ; Assessment: Mental Status Exam (MSE); Assessment: Psychology | | ent: Juvenile Wh |
| Juvenile Services: Other Services: Jones, James | Outpatient Therapy - Youth Who Sexually Harm Sexually Harm Risk Assessment Community Justice Center | ; Assessment: Mental Status Exam (MSE); Assessment: Psychology | | ent: Juvenile Wh |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: | Outpatient Therapy - Youth Who Sexually Harm Sexually Harm Risk Assessment Community Justice Center | ; Assessment: Mental Status Exam (MSE); Assessment: Psychology PO Box 22746 Lincoln NB 68542 | | ent: Juvenile Wh |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm Sexually Harm Risk Assessment Community Justice Center Outpatient Therapy | ; Assessment: Mental Status Exam (MSE); Assessment: Psychology PO Box 22746 Lincoln NB 68542 | | ent: Juvenile Wh |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm Sexually Harm Risk Assessment Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: | ; Assessment: Mental Status Exam (MSE); Assessment: Psychology PO Box 22746 Lincoln NB 68542 | | ent: Juvenile Wł |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Starman, Beverly Substance Abuse Services: | Outpatient Therapy - Youth Who Sexually Harm Sexually Harm Risk Assessment Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse E Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - I Services Intensive Outpatient Treatment | Assessment: Mental Status Exam (MSE); Assessment: Psycholo PO Box 22746 Lincoln NB 68542 General Education Class 4432 Sunrise Place Columbus NB 68601 valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Juvenile Assessment S ; Juvenile Non-Residential Services Outpatient - Groups; Juvenil ndividual; Juvenile Non-Residential Services Outpatient - Co-Occ | (402)429-1050 (402)370-3140 a; Adult Non-Residential Se al; Adult Non-Residential S ervices Substance Abuse E e Non-Residential Services | rvices Outpatier ervices Outpatie Evaluations; Juvo Outpatient - Fa |
| Juvenile Services: Other Services: Jones, James Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Starman, Beverly Substance Abuse Services: | Outpatient Therapy - Youth Who Sexually Harm Sexually Harm Risk Assessment Community Justice Center Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse E Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - I | Assessment: Mental Status Exam (MSE); Assessment: Psycholo PO Box 22746 Lincoln NB 68542 General Education Class 4432 Sunrise Place Columbus NB 68601 valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Juvenile Assessment S ; Juvenile Non-Residential Services Outpatient - Groups; Juvenil ndividual; Juvenile Non-Residential Services Outpatient - Co-Occ | (402)429-1050 (402)370-3140 a; Adult Non-Residential Se al; Adult Non-Residential S ervices Substance Abuse E e Non-Residential Services | rvices Outpatien ervices Outpatie Evaluations; Juve Outpatient - Fai |

| Name | Agency | | Address | Phone | Fax |
|---------------------------|---|------------------------|-------------------------|---------------|---------------|
| Other Services: | Sliding Fee Scale; | | | | |
| Stennis, Gladys | Infinite Avenues Counseling | 7117 Farnam St | Suite 17 Omaha NB 68132 | (402)905-6296 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse | Evaluations | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | ; Co-Occurring; Outpat | tient Therapy | | |
| Juvenile Services: | | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Trauernicht, Joellyn | 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 Groups; Adult Non-Residential Services Outpa Extended Residential | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | ; Co-Occurring; Outpat | tient Therapy | | |
| Juvenile Services: | | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Volnek, Ashley | CenterPointe | 2633 P St Linco | oln NB 68503 | (402)475-8748 | (402)475-6728 |
| Substance Abuse Services: | Adult Residential Services Dual Residential (M | H/SA) | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | | |
| Juvenile Services: | | | | | |
| Other Services: | | | | | |

| Name | Agency | Address | Phone | Fax |
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| Brandyberry, Kyle | Heartland Counseling | 110 N Bailey PO Box 1209 North Platte NB 69101 | (308)534-6029 | (308)534-6961 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Juvenile Assessment Se ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occu | l; Adult Non-Residential rvices Substance Abus Non-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpa g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring (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 | |
| | Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential Se Services Outpatient - Co-Occurring Treatment | es Outpatient - Groups; Adult Non-Residential Services Outpatien rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment ducation; Juvenile Non-Residential Services Care Monitoring SA/ ervices Outpatient - Family; Juvenile Non-Residential Services Out the start in table | Services Substance Al MH; Juvenile Non-Resid | ouse Evaluations; lential Services |
| | Pre-Treatment Assessment (bio-psychosocial); O | 1 19 | <i></i> | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disord | utpatient Therapy including Group Sessions-Mental Health; Outpa | atient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| | Non-Treatment: Day Reporting; Non-Treatment: 0 | General Education Class | | |
| | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Starman, Beverly Substance Abuse Services: | Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | 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 adividual; Juvenile Non-Residential Services Outpatient - Co-Occu | Adult Non-Residential I; Adult Non-Residential rvices Substance Abus Non-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Starman, Beverly Substance Abuse Services: | Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | 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 adividual; Juvenile Non-Residential Services Outpatient - Co-Occu | Adult Non-Residential I; Adult Non-Residential rvices Substance Abus Non-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |

| Name | Agency | Address | Phone | Fax | | |
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| Other Services: Sliding Fee Scale; | | | | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 | | |
| | Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual Services Outpatient - | | | | | |
| | Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation; Outpatient Therapy Dutpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Family Sessions- Mental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Youth 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 | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient Evaluations; Juveni es Outpatient - Famil |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |
| Other Services: | Sliding Fee Scale; | J, Assessment. Fie-freatment Assessment (Medicald), Assessment. | Co-Occurring | |
| Bomberger, Molly | South Central Behavioral Services | 3810 Central AVE Kearney NB 68847 | (308)293-0954 | (308)237-5953 |
| | | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri | ing Treatment; Adult | Non-Residential |
| Juvenile Services: | Juvenile Non-Residential Services Outpatient - In Pre-Treatment Assessment (bio-psychosocial); C | e Assessment Services Substance Abuse Evaluations; Juvenile Non- ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin Co-Occurring; Adults who Sexually Harm Evaluation; Outpatient Thera | g Treatment | s Outpatient - Family; |
| Juvenile Services: | Juvenile Non-Residential Services Outpatient - In | ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | g Treatment | s Outpatient - Family; |
| Juvenile Services: | Juvenile Non-Residential Services Outpatient - In Pre-Treatment Assessment (bio-psychosocial); C | ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | g Treatment | s Outpatient - Family; (308)233-5216 |
| Juvenile Services: Other Services: Bomberger, Molly Substance Abuse Services: | Juvenile Non-Residential Services Outpatient - In Pre-Treatment Assessment (bio-psychosocial); C Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Pre-Treatment Assessment (bio-psychosocial); C | ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | g Treatment npy (308)293-0954 | |
| Juvenile Services: Other Services: Bomberger, Molly Substance Abuse Services: Mental Health Services: Juvenile Services: | Juvenile Non-Residential Services Outpatient - In Pre-Treatment Assessment (bio-psychosocial); C Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Pre-Treatment Assessment (bio-psychosocial); C | adividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin co-Occurring; Adults who Sexually Harm Evaluation; Outpatient Thera 5404 Ave I Kearney NB 68847 raluations; Juvenile Assessment Services Substance Abuse Evaluation | g Treatment npy (308)293-0954 | |
| Juvenile Services: Other Services: Bomberger, Molly Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Carlson, Nancy Substance Abuse Services: | Juvenile Non-Residential Services Outpatient - In Pre-Treatment Assessment (bio-psychosocial); C Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Pre-Treatment Assessment (bio-psychosocial); C Counseling Toward Hope Adult Assessment Services Substance Abuse Ev | Adividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin Co-Occurring; Adults who Sexually Harm Evaluation; Outpatient Thera 5404 Ave I Kearney NB 68847 raluations; Juvenile Assessment Services Substance Abuse Evaluatio Co-Occurring; Adults who Sexually Harm Evaluation 710 Burlington Holdrege NB 68949 raluations; Adult Non-Residential Services Intervention/Education; Adult r - Individual; Adult Non-Residential Services Outpatient - Co-Occurring | g Treatment py (308)293-0954 ms (308)995-6691 ult Non-Residential 3 | (308)233-5216 (855)995-6830 |
| Juvenile Services: Other Services: Bomberger, Molly Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Carlson, Nancy Substance Abuse Services: | Juvenile Non-Residential Services Outpatient - In Pre-Treatment Assessment (bio-psychosocial); C Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Pre-Treatment Assessment (bio-psychosocial); C Counseling Toward Hope Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier | Adividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin Co-Occurring; Adults who Sexually Harm Evaluation; Outpatient Thera 5404 Ave I Kearney NB 68847 raluations; Juvenile Assessment Services Substance Abuse Evaluatio Co-Occurring; Adults who Sexually Harm Evaluation 710 Burlington Holdrege NB 68949 raluations; Adult Non-Residential Services Intervention/Education; Adult r - Individual; Adult Non-Residential Services Outpatient - Co-Occurring | g Treatment py (308)293-0954 ms (308)995-6691 ult Non-Residential 3 | (308)233-5216 (855)995-6830 |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|---------------------|
| Carlson, Scott | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)658-3737 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| EagleFeather Moreno, | South Central Behavioral Services | 616 W 5th St Hastings NB 68901 | (402)463-5684 | |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Intensive Outpatient Tr | | vices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Eigenberg, Amy | Insight Counseling and Recovery LLC | 2908 W 39th St. Suite B Kearney NB 68845 | (308)237-0391 | (308)708-7452 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Education; Ac nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Res ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrir | ring Treatment; Juver idential Services Out | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Adults who Sexually Harm Evaluation; Outpatient Thera | ару | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie Pre-Treatment Assessment (Medicaid); Assessment: Mental Status a-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 | valuations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subsi e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | tance Abuse Evaluati | ons; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Adults who Sexually Harm Evaluation; Outpatient Thera | ару | |
| 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-occu | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | I Evaluation; Assess | sment: Juvenile Who |
| Other Services: | | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: 0 | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpatie | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental H py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ting Disorder, Outpa t Therapy-Youth Wh | atient Therapy - Co- to Sexually Harm; |
| Other Services: | | | | |
| 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 Outpatien | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | dult Non-Residential | Services Outpatient - |
| Mental Health Services: | Non-Residential Services Intervention/Education; | Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin o-Occurring; Outpatient Therapy | n-Residential Servic | es Outpatient - Famil |
| Mental Health Services: Juvenile Services: | Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | n-Residential Servic | es Outpatient - Famil |

| 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; Adu t - Individual; Adult Non-Residential Services Outpatient - Co-Occu e Assessment Services Substance Abuse Evaluations; Juvenile No amily; Juvenile Non-Residential Services Outpatient - Individual; Ju al Services Intensive Outpatient Treatment | rring Treatment; Adul n-Residential Service | t Non-Residential s Outpatient - Groups; |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpati ;; Assessment: Pre-Treatment Assessment (Medicaid); Assessmen | | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Snyder, Margaret H | Kearney Counseling Associates | 2811 30th Ave. Kearney NB 68845 | (308)237-6865 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Family; Adul | t Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | Individual; Adult Non-Residential Services Outpat Outpatient Therapy | tient - Co-Occurring Treatment | | |
| Juvenile Services: | oupulon molupy | | | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ant - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Serv Juvenile Non-Residential Services Outpatient - Groups; Juvenile N dividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | Adult Non-Residentia rices Substance Abus Ion-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpati | ent Therapy including | Family Sessions- |
| | Mental Health; Outpatient Therapy - Co-occurring | ; Assessment: Pre-Treatment Assessment (Medicaid) | 5 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 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 Intensi | aluations; Adult Non-Residential Services Outpatient - Groups; Aduive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual; Juvenile Non-R | e Abuse Evaluations; | Juvenile Non- |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

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

| Name | Agency | Address | Phone | Fax |
|--|--|--|---|---|
| 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/Educat ent - Family; Adult Non-Residential Services Outpatient - Individ Services Substance Abuse Evaluations; Juvenile Non-Resident H; Juvenile Non-Residential Services Outpatient - Groups; Juv atient - Individual | dual; Adult Non-Residential ial Services Intervention/Ed | Services Outpatient ucation; Juvenile |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Co-Occurring; Outp | patient Therapy | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | | | |
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)383-1622 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Educat ent - Family; Adult Non-Residential Services Outpatient - Individ Services Substance Abuse Evaluations; Juvenile Non-Resident | dual; Adult Non-Residential ial Services Intervention/Ed | Services Outpatient |
| Mental Health Services: | Juvenile Non-Residential Services Outpatient - Groups; J Juvenile Non-Residential Services Outpatient - C Pre-Treatment Assessment (bio-psychosocial); C | | Non-Residential Services (| |
| | Juvenile Non-Residential Services Outpatient - C Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring Treatment Co-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Ou | | Dutpatient - Individua |
| Juvenile Services: | Juvenile Non-Residential Services Outpatient - C Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O | Co-Occurring Treatment Co-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Ou | | Dutpatient - Individua |
| Juvenile Services: | Juvenile Non-Residential Services Outpatient - C Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurrin | Co-Occurring Treatment Co-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Ou | | Dutpatient - Individua |
| Juvenile Services: Other Services: | Juvenile Non-Residential Services Outpatient - C Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; | Co-Occurring Treatment Co-Occurring; Outpatient Therapy Putpatient Therapy including Group Sessions-Mental Health; Ou g; Assessment: Co-Occurring | utpatient Therapy including | Dutpatient - Individua Family Sessions- |
| Juvenile Services: Other Services: Zlomke, Leland Substance Abuse Services: | Juvenile Non-Residential Services Outpatient - C Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Nebraska Mental Health Centers | Co-Occurring Treatment Co-Occurring; Outpatient Therapy outpatient Therapy including Group Sessions-Mental Health; Ou g; Assessment: Co-Occurring 4545 S 86th St Lincoln NB 68520 enile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treat | utpatient Therapy including (402)483-6990 | Dutpatient - Individua Family Sessions- (402)483-7045 |

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|---|
| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I | dult Non-Residential | Services Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| 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 S Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Assessment Services Substance Abuse Evaluation Monitoring SA/MH; Juvenile Non-Residential Services | ssessment Services Substance Abuse Evaluations; Adult Non-Reside SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult Non- nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr tesidential Services Dual Residential (MH/SA); Adult Residential Services ons; Juvenile Non-Residential Services Intervention/Education; Juver vices Outpatient - Groups; Juvenile Non-Residential Services Outpat esidential Services Outpatient - Co-Occurring Treatment; Juvenile No | on-Residential Servi ing Treatment; Adul rices Short Term Res nile Non-Residential ient - Family; Juveni | ces Outpatient - t Non-Residential sidential; Juvenile Services Care le Non-Residential |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M | atient Therapy - Individual-Mental Health; Outpatient Therapy includio ental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assess | oy - 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 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; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abus n-Residential Servic | l Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Outpatie | ent Therapy - Individual-Mental Health; Intensive Outpatient: Intensive | e Outpatient Therapy | /-Mental Health |
| Other Services: | Sliding Fee Scale; | | | |

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

| Name | Agency | Address | Phone | Fax |
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| Brostad, Greg | Resolution Treatment Services | 505 5th Street Suite #225 Sioux city IA 51101 | (515)493-4787 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Intensive Outpatient: Intensive Outpatient Therap Exam (MSE); Assessment: Juvenile Who Sexual | utpatient Therapy including Group Sessions-Mental Health; Outpati by-Youth Who Sexually Harm; Assessment: Pre-Treatment Assessr U Harm Risk Assessment | ent Therapy - Youth V nent (Medicaid); Asse | Vho Sexually Harm; ssment: Mental Status |
| Other Services: | | | | |
| Carmichael, Kirk | Carmichael Counseling | 214 N 7th Suite 11 Norfolk NB 68701 | (402)316-8800 | (402)644-1987 |
| 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-Residential Services Outpatient - Co-Occurring Treat | urring Treatment; Juve dential Services Outpa | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpat | ient Therapy - Co-occ | urring; Assessment: |
| Other Services: | 5 | | | |
| Cattau, Jeanne | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpat Health; Assessment: Pre-Treatment Assessment (Medicaid); Asse | | |
| Other Services: | Sliding Fee Scale; | | | |
| Clyde, Jessica | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Commu | nity Treatment Aide | | |
| Other Services: | | | | |
| Davies, Paul | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Adults who Sexually Harm Evaluation; Outpatient The | erapy | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- | eatment: Intensive Family Preservation; Non-Treatment: Supervised Treatment: Mentoring; Outpatient Therapy - Individual-Mental Heal ating Disorder; Assessment: Pre-Treatment Assessment (Medicaid) | th; Outpatient Therapy | including Family |

Contracted Services: Tracker

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|--|
| Other Services: | | | | |
| DeWalt, Jennifer | Jennifer S. DeWalt | 302 South 13 Street Norfolk NB 68701-4963 | (402)649-8366 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Freudenburg, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | Outpatient Therapy including Group Sessions-Mental Health; Out | tpatient Therapy including Fa | mily Sessions- |
| Other Services: | Mental Health; Outpatient Therapy - Eating Disor | rder | | |
| Gadeken, Angela | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations; Juvenile Assessment Services Substance Abuse Eva | aluations | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | Dutpatient Therapy - Individual-Mental Health; Outpatient Therap t Therapy - Co-occurring; Assessment: Pre-Treatment Assessm | | |
| Other Services: | Contracted Services. Electronic Monitoring | | | |
| Hergott, Mariah | Behavioral Health Specialist/Seekers of | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)270 2140 | |
| | Serenity | | (402)370-3140 | |
| Substance Abuse Services: | Serenity Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services Residential Services Intervention/Education; Juv Juvenile Non-Residential Services Outpatient - O | valuations; Adult Non-Residential Services Intervention/Educatio ent - Family; Adult Non-Residential Services Outpatient - Individ s Short Term Residential; Juvenile Assessment Services Substa renile Non-Residential Services Outpatient - Family; Juvenile No Co-Occurring Treatment | on; Adult Non-Residential Ser ual; Adult Non-Residential Se unce Abuse Evaluations; Juve | rvices Intensive nile Non- |
| Substance Abuse Services: | Serenity Adult Assessment Services Substance Abuse Ex- Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services Residential Services Intervention/Education; Juv Juvenile Non-Residential Services Outpatient - O Pre-Treatment Assessment (bio-psychosocial); O Outpatient Therapy - Individual-Mental Health; O | valuations; Adult Non-Residential Services Intervention/Educatio ent - Family; Adult Non-Residential Services Outpatient - Individ s Short Term Residential; Juvenile Assessment Services Substa renile Non-Residential Services Outpatient - Family; Juvenile No Co-Occurring Treatment | on; Adult Non-Residential Ser ual; Adult Non-Residential Se ince Abuse Evaluations; Juve in-Residential Services Outpa tpatient Therapy including Fa | rvices Intensive nile Non- tient - Individua mily Sessions- |

| Name | Agency | Address | Phone | Fax |
|---|---|--|--|---|
| Hunter, Linda | Northeast Nebraska Psychological Services, PC | 408 N Oakland Ave Oakland NB 68045 | (402)685-4130 | (402)685-4132 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pr | re-Treatment Assessment (bio-psychosocial); Psychological Evalua | ation; Outpatient Therapy | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Wh | Outpatient Therapy including Group Sessions-Mental Health; Outp to Sexually Harm; Outpatient Therapy - Eating Disorder; Assessme essment: Psychological Evaluation; Assessment: Juvenile Who Se | ent: Pre-Treatment Asses | sment (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | |
| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Groups; Adult Non-Residential Services Outpa Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Educati | Evaluations; Adult Non-Residential Services Intervention/Education atient - Family; Adult Non-Residential Services Outpatient - Individu al Services Intensive Outpatient Treatment; Juvenile Assessment S on; Juvenile Non-Residential Services Outpatient - Groups; Juvenil - Individual; Juvenile Non-Residential Services Outpatient - Co-Occ y; Co-Occurring; Outpatient Therapy | ial; Adult Non-Residential Services Substance Abus le Non-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| | Individual-Mental Health; Outpatient Therapy i | ; Non-Treatment: Anger Management Class; Non-Treatment: Generation of the second secon | ling Family Sessions-Mer | ntal Health; 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 - G Adult Non-Residential Services Intensive Outp Abuse Evaluations; Juvenile Non-Residential S | Assessment Services Substance Abuse Evaluations; Adult Non-R roups; Adult Non-Residential Services Outpatient - Family; Adult No atient Treatment; Adult Residential Services Short Term Residential Services Intervention/Education; Juvenile Non-Residential Services sidential Services Outpatient - Individual; Juvenile Non-Residential | on-Residential Services (al; Juvenile Assessment Outpatient - Groups; Juv | Dutpatient - Individual; Services Substance venile Non-Residentia |
| Mental Health Services: Juvenile Services: | Co-Occurring; Outpatient Therapy | | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental H py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster (| ating Disorder; Outpa t Therapy-Youth Wh | itient Therapy - Co- o Sexually Harm; |
| Other Services: | | | | |
| Milander-Mace, Amanda | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Outpatient Therapy | | |
| Juvenile Services: | | lon-Treatment: Anger Management Class; Outpatient Therapy - Indivi ient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessm | | Outpatient Therapy |
| Other Services: | | | | |
| Millard, Laurie | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | Supervised Visitation; Non-Treatment: Day Repo Education Class; Outpatient Therapy - Individual- Family Sessions-Mental Health; Outpatient Thera Health; Intensive Outpatient: Intensive Outpatient | eatment: Tracker (Except Douglas County); Non-Treatment: Intensive rting; Non-Treatment: Evening Reporting; Non-Treatment: Anger Mar -Mental Health; Outpatient Therapy including Group Sessions-Mental apy - Eating Disorder; Community Treatment Aide; Intensive Outpatient t- Eating Disorder; Intensive Outpatient: Intensive Outpatient Therapy Mental Status Exam (MSE); Contracted Services: Tracker; Contracted | hagement Class; Nor Health; Outpatient T nt: Intensive Outpati -Co-occurring; Asse | n-Treatment: Gener Therapy including ent Therapy-Mental ssment: Pre- |
| Other Services: | Bilingual Services; | | | |
| Mitchell, David | Associated Psychologists and Counselors LLC | 1306 N 13th St Norfolk NB 68702 | (402)371-8218 | |
| Substance Abuse Services: | | | | |
| | Adults who Sexually Harm Evaluation; Psycholog Outpatient Therapy - Youth Who Sexually Harm; | gical Evaluation; Outpatient Therapy Assessment: Psychological Evaluation; Assessment: Juvenile Who S | Sexually Harm Risk A | Assessment |

| Name | Agonov | Address | Phone | Fax |
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| Name | Agency | Address | Flione | Гах |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| Substance Abuse Services: | | cation; Adult Non-Residential Services Outpatient - Groups; Adul idual; Adult Non-Residential Services Outpatient - Co-Occurring | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Ohde, Ashton | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy ental Health; Outpatient Therapy - Eating Disorder | y including Group Session | ns-Mental Health; |
| Other Services: | Outpatient merapy including Parmy Sessions-ivi | entai nealth, Outpatient merapy - Eating Disorder | | |
| Pelster-Hess, Brooke | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services Residential Services Intervention/Education; Juve | aluations; Adult Non-Residential Services Intervention/Educatior nt - Family; Adult Non-Residential Services Outpatient - Individu Short Term Residential; Juvenile Assessment Services Substar enile Non-Residential Services Outpatient - Groups; Juvenile Non individual; Juvenile Non-Residential Services Intensive Outpatient | al; Adult Non-Residential nce Abuse Evaluations; J n-Residential Services O | Services Intensive uvenile Non- utpatient - Family; |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outp g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurrin | | |
| Other Services: | | | | |
| Petersen, Connie | Behavioral Health Specialist/Seekers of Serenity | 923 E Norfolk Ave Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| | Non-Residential Services Outpatient - Family; Ad Treatment; Adult Non-Residential Services Intens Substance Abuse Evaluations; Juvenile Non-Res Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | ssessment Services Substance Abuse Evaluations; Adult Non-R lult Non-Residential Services Outpatient - Individual; Adult Non-F sive Outpatient Treatment; Adult Residential Services Short Tern sidential Services Outpatient - Groups; Juvenile Non-Residential anile Non-Residential Services Outpatient - Co-Occurring Treatm | Residential Services Outp n Residential; Juvenile As Services Outpatient - Fai | eatient - Co-Occurring ssessment Services mily; Juvenile Non- |
| | | Co-Occurring; Psychological Evaluation; Outpatient Therapy | | |
| | Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Group Sessions-Mental Health; Outp g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurrir SE); Assessment: Psychological Evaluation; Assessment: Co-O | ng; Assessment: Pre-Trea | Family Sessions- atment Assessment |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Name | Agency | Autress | Thone | Ταλ |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); P | sychological Evaluation; Outpatient Therapy; Mental Health Intensive | Management | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier nent Assessment (Medicaid); Assessment: Mental Status Exam (MSE Assessment | | |
| Other Services: | ·····, ···, ···, ···, | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | lult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juveniles Outpatient - Family |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | utpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien); Assessment: Pre-Treatment Assessment (Medicaid) | t Therapy including I | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ve Outpatient Treatment; Juvenile Assessment Services Substance A le Non-Residential Services Outpatient - Individual | Abuse Evaluations; J | uvenile Non- |
| | | o-Occurring; Adults who Sexually Harm Evaluation; Psychological Ev | | |
| | Mental Health; Outpatient Therapy - Youth Who S Who Sexually Harm; Assessment: Pre-Treatment Assessment: Juvenile Who Sexually Harm Risk A | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A Assessment; Assessment: Co-Occurring | nt: Intensive Outpati | ent 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: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre-T | Freatment Assessment (bio-psychosocial); Adults who Sexually Harm | Evaluation; Outpatie | ent Therapy |
| | Mental Health; Community Treatment Aide; Asse | utpatient Therapy including Group Sessions-Mental Health; Outpatien ssment: Pre-Treatment Assessment (Medicaid) | t Therapy including I | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|--|
| Sullivan, Michael | Michael Sullivan Counseling | 208 N. 5th St. Norfolk NB 68701-4155 | (402)750-7923 | (402)226-5161 |
| | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | rvices Outpatient - |
| | Pre-Treatment Assessment (bio-psychosocial); C | Outpatient Therapy | | |
| Juvenile Services: | | | | |
| 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 | raluations; Adult Non-Residential Services Intervention/Education; Adurt - Family; Adult Non-Residential Services Outpatient - Individual; Jurvices Intervention/Education; Juvenile Non-Residential Services Outp | uvenile Assessment | Services Substance |
| | Co-Occurring; Outpatient Therapy | | | |
| | Non-Treatment: Family Support Worker; Assessr | nent: Pre-Treatment Assessment (Medicaid) | | |
| Other Services: | | | | |
| Wagner, Alicia | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | raluations; Adult Non-Residential Services Intervention/Education; Ad ont - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No adividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin Co-Occurring; Outpatient Therapy | dult Non-Residential ces Substance Abus n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | 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 | | |
| 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; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Se ducation; Juvenile Non-Residential Services Outpatient - Groups; Juv patient - Individual; Juvenile Non-Residential Services Outpatient - Co | Family; Adult Non-Re rvices Substance Ab venile Non-Resident | esidential Services buse Evaluations; ial Services Outpatien |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- | -psychosocial); Co-C | Occurring; Outpatient |
| Juvenile Services: | | Treatment: General Education Class; Outpatient Therapy - Individual ent Therapy including Family Sessions-Mental Health; Outpatient The Co-Occurring | | |

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

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

| Name | Agency | Address | Phone | Fax |
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| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I | dult Non-Residential | Services Outpatient |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Other Services: | Sliding Fee Scale; | | | |
| Barritt, Samantha | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| Substance Abuse Services: | Adult Non-Residential Services Care Monitoring Family; Adult Non-Residential Services 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-Resid SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult N nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur tesidential Services Dual Residential (MH/SA); Adult Residential Serv ons; Juvenile Non-Residential Services Intervention/Education; Juve vices Outpatient - Groups; Juvenile Non-Residential Services Outpaties esidential Services Outpatient - Co-Occurring Treatment; Juvenile No | on-Residential Servi ring Treatment; Adul vices Short Term Res nile Non-Residential ient - Family; Juveni | ces Outpatient - t Non-Residential sidential; Juvenile Services Care le Non-Residential |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| 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; | | | |
| Boss, Megan | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (308)455-1400 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| Juvenile Services: Other Services: | | | | |
| Other Services. | | | | |
| Brugger, Keri | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)382-5297 | (308)382-5315 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | valuations; Adult Non-Residential Services Intervention/Education; Acent - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie | | Family Sessions- |

| Name | Agency | Address | Phone | Fax |
|---|--|---|---|---------------------|
| Cada, Megan | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)562-0400 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy Non-Treatment: Intensive Family Preservation; O | utpatient Therapy - Individual-Mental Health | | |
| Carde, Lori | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)606-3084 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | Adult Non-Residential | Services Outpatient |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: Other Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occ | urring | |
| Carlson, Scott | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)658-3737 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | | | | |
| Cattau, Jeanne | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie Health; Assessment: Pre-Treatment Assessment (Medicaid); Assess | | |
| Other Services: | Sliding Fee Scale; | | | |
| Claussen, Michelle | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)709-4075 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adul nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ring Treatment; Juve ential Services Outpa | nile Assessment |
| Mental Health Services: | Outpatient Therapy | | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatie | nt Therapy including | Family Sessions- |

| Name | Δαορογ | Address | Phone | Fax |
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| INdifie | Agency | Address | Flione | Γάλ |
| Other Services: | | | | |
| Colegrove, Jill | Colegrove Counseling Center | 1460 35th Ave. Columbus NB 68601 | (402)562-6767 | (402)562-6770 |
| 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 | uvenile Assessment S | Services Substance |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie ient Assessment (Medicaid); Assessment: Mental Status Exam (MSE | | |
| 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 Service Outpatient - Co-Occurring Treatment; Adult Non-I Juvenile Assessment Services Substance Abuse | aluations; Adult Non-Residential Services Intervention/Education; Ad s Outpatient - Groups; Adult Non-Residential Services Outpatient - I Residential Services Intensive Outpatient Treatment; Adult Residentii Evaluations; Juvenile Non-Residential Services Intervention/Educati al Services Outpatient - Groups; Juvenile Non-Residential Services C ent | ndividual; Adult Non- al Services Short Ter on; Juvenile Non-Res | Residential Services m Residential; sidential Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occu | rring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Freudenburg, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| | Pre-Treatment Assessment (bio-psychosocial); O | | | |
| | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Eating Disord | utpatient Therapy including Group Sessions-Mental Health; Outpatier der | nt Therapy including I | Family Sessions- |
| Other Services: | | | | |
| 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 Outpatien | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | ing Treatment; Adult | Non-Residential |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| | Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including I | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |

| 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; Juv Juvenile Non-Residential Services Outpatient - O | | dual; Adult Non-Residential S ance Abuse Evaluations; Juv | Services Intensive |
| | Pre-Treatment Assessment (bio-psychosocial); (| | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C Mental Health; Outpatient Therapy - Co-occurrin (Medicaid); Assessment: Co-Occurring | Dutpatient Therapy including Group Sessions-Mental Health; Ou g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occur | itpatient Therapy including F ring; Assessment: Pre-Treat | amily Sessions- ment Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Psychological Evaluatior | 1 | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psych | ological Evaluation; Assessr | nent: Juvenile Who |
| Other Services: | Sexually Hallin Kisk Assessment | | | |
| Hunter, Linda | Northeast Nebraska Psychological Services, PC | 408 N Oakland Ave Oakland NB 68045 | (402)685-4130 | (402)685-4132 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Psychological Eval | uation; Outpatient Therapy | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | Dutpatient Therapy including Group Sessions-Mental Health; Ou Sexually Harm; Outpatient Therapy - Eating Disorder; Assessin sment: Psychological Evaluation; Assessment: Juvenile Who S | nent: Pre-Treatment Assessr | ment (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jacob | Jenda Family Services, LLC | 4600 Valley Road Lincoln NB 68510 | (402)474-0011 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Educati ent - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment; Juvenile Assessment ; Juvenile Non-Residential Services Outpatient - Groups; Juven ndividual; Juvenile Non-Residential Services Outpatient - Co-O | dual; Adult Non-Residential S Services Substance Abuse nile Non-Residential Service | Services Outpatient - Evaluations; Juvenil s Outpatient - Family |
| Mental Health Services: | | | | |
| Juvenile Services: | | Dutpatient Therapy - Individual-Mental Health; Outpatient Thera lental Health; Outpatient Therapy - Co-occurring; Intensive Out at Therapy-Co-occurring | | |
| Other Services: | , | ., | | |

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

| Name | Agency | Address | Phone | Fax |
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| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5459 | (402)715-5452 |
| | Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Adult Non-Residential Residential Services Short Term Residential; Ju SA/MH; Juvenile Non-Residential Services Outp Outpatient - Individual; Juvenile Non-Residentia Treatment | valuations; Adult Non-Residential Services Care Monitoring SA/MH; ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Adult Residential Services venile Assessment Services Substance Abuse Evaluations; Juvenile patient - Groups; Juvenile Non-Residential Services Outpatient - Famil I Services Outpatient - Co-Occurring Treatment; Juvenile Non-Reside | Adult Non-Residentia Dual Residential (MH Non-Residential Sen ly; Juvenile Non-Res | Services Outpatient I/SA); Adult vices Care Monitoring idential Services |
| | Pre-Treatment Assessment (bio-psychosocial); | | | |
| | | tpatient: Intensive Outpatient Therapy-Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| Mental Health Services: Juvenile Services: | Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Adult Services Extended Residential; Adult Residentia Pre-Treatment Assessment (bio-psychosocial); | | ring Treatment; Adul | t Non-Residential |
| Other Services. | Sliding Fee Scale; | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Ther occurring; Intensive Outpatient: Intensive Outpat | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental apy including Family Sessions-Mental Health; Outpatient Therapy - E tient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatie caid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ating Disorder; Outpa nt Therapy-Youth Wh | atient Therapy - Co- no Sexually Harm; |

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Milander-Mace, Amanda | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pr | e-Treatment Assessment (bio-psychosocial); Outpatient Thera | ру | |
| Juvenile Services: | | ; Non-Treatment: Anger Management Class; Outpatient Therap patient Therapy - Eating Disorder; Assessment: Pre-Treatment | | Outpatient Therapy |
| Other Services: | | | | |
| Millard, Laurie | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | ; Outpatient Therapy | | |
| | Supervised Visitation; Non-Treatment: Day Rep Education Class; Outpatient Therapy - Individu | Freatment: Tracker (Except Douglas County); Non-Treatment: I porting; Non-Treatment: Evening Reporting; Non-Treatment: A Ial-Mental Health; Outpatient Therapy including Group Session erapy - Eating Disorder; Community Treatment Aide; Intensive | nger Management Class; Nor s-Mental Health; Outpatient T | n-Treatment: General Therapy including |
| | Health; Intensive Outpatient: Intensive Outpatie | ent- Eating Disorder; Intensive Outpatient: Intensive Outpatient nt: Mental Status Exam (MSE); Contracted Services: Tracker; (| Therapy-Co-occurring; Asse | ssment: Pre- |
| Other Services: | Health; Intensive Outpatient: Intensive Outpatie | ent- Eating Disorder; Intensive Outpatient: Intensive Outpatient | Therapy-Co-occurring; Asse | ssment: Pre- |
| Other Services: Muhle, Mindy | Health; Intensive Outpatient: Intensive Outpatie Treatment Assessment (Medicaid); Assessmer | ent- Eating Disorder; Intensive Outpatient: Intensive Outpatient | Therapy-Co-occurring; Asse | ssment: Pre- |
| Muhle, Mindy | Health; Intensive Outpatient: Intensive Outpatie Treatment Assessment (Medicaid); Assessmer Bilingual Services; Embark Counseling LLC Adult Non-Residential Services Intervention/Ec Adult Non-Residential Services Outpatient - Inc Intervention/Education; Juvenile Non-Resident | ent- Eating Disorder; Intensive Outpatient: Intensive Outpatient nt: Mental Status Exam (MSE); Contracted Services: Tracker; (| t Therapy-Co-occurring; Asse Contracted Services: Electron (402)942-9005 Adult Non-Residential Service ring Treatment; Juvenile Non | ssment: Pre- ic Monitoring es Outpatient - Family Residential Services |
| Muhle, Mindy Substance Abuse Services: | Health; Intensive Outpatient: Intensive Outpatie Treatment Assessment (Medicaid); Assessmer Bilingual Services; Embark Counseling LLC Adult Non-Residential Services Intervention/Ec Adult Non-Residential Services Outpatient - Inc Intervention/Education; Juvenile Non-Resident | ent- Eating Disorder; Intensive Outpatient: Intensive Outpatient ht: Mental Status Exam (MSE); Contracted Services: Tracker; C 3154 18th Ave Suite 7 Columbus NB 68601 Jucation; Adult Non-Residential Services Outpatient - Groups; J dividual; Adult Non-Residential Services Outpatient - Co-Occur ial Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient Residential Services Outpatient - Co-Occurring Treatment | t Therapy-Co-occurring; Asse Contracted Services: Electron (402)942-9005 Adult Non-Residential Service ring Treatment; Juvenile Non | ssment: Pre- ic Monitoring es Outpatient - Family Residential Services |
| Muhle, Mindy Substance Abuse Services: Mental Health Services: | Health; Intensive Outpatient: Intensive Outpatient Treatment Assessment (Medicaid); Assessmen Bilingual Services; Embark Counseling LLC Adult Non-Residential Services Intervention/Education; Juvenile Non-Resident Intervention/Education; Juvenile Non-Resident Services Outpatient - Individual; Juvenile Non-Pre-Treatment Assessment (bio-psychosocial); Outpatient Therapy - Individual-Mental Health; Mental Health; Outpatient Therapy - Eating Dis | ent- Eating Disorder; Intensive Outpatient: Intensive Outpatient ht: Mental Status Exam (MSE); Contracted Services: Tracker; C 3154 18th Ave Suite 7 Columbus NB 68601 Jucation; Adult Non-Residential Services Outpatient - Groups; J dividual; Adult Non-Residential Services Outpatient - Co-Occur ial Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient Residential Services Outpatient - Co-Occurring Treatment | t Therapy-Co-occurring; Asse Contracted Services: Electron (402)942-9005 Adult Non-Residential Service ring Treatment; Juvenile Non vices Outpatient - Family; Juv Outpatient Therapy including | ssment: Pre- ic Monitoring s Outpatient - Family -Residential Services renile Non-Residentia Family Sessions- |
| Muhle, Mindy Substance Abuse Services: Mental Health Services: | Health; Intensive Outpatient: Intensive Outpatient Treatment Assessment (Medicaid); Assessmen Bilingual Services; Embark Counseling LLC Adult Non-Residential Services Intervention/Ed Adult Non-Residential Services Outpatient - Ind Intervention/Education; Juvenile Non-Resident Services Outpatient - Individual; Juvenile Non- Pre-Treatment Assessment (bio-psychosocial); Outpatient Therapy - Individual-Mental Health; | ent- Eating Disorder; Intensive Outpatient: Intensive Outpatient ht: Mental Status Exam (MSE); Contracted Services: Tracker; C 3154 18th Ave Suite 7 Columbus NB 68601 ducation; Adult Non-Residential Services Outpatient - Groups; J dividual; Adult Non-Residential Services Outpatient - Co-Occur ial Services Outpatient - Groups; Juvenile Non-Residential Ser Residential Services Outpatient - Co-Occurring Treatment ; Co-Occurring; Outpatient Therapy Outpatient Therapy including Group Sessions-Mental Health; G | t Therapy-Co-occurring; Asse Contracted Services: Electron (402)942-9005 Adult Non-Residential Service ring Treatment; Juvenile Non vices Outpatient - Family; Juv Outpatient Therapy including | ssment: Pre- ic Monitoring s Outpatient - Family -Residential Services renile Non-Residentia Family Sessions- |
| Muhle, Mindy Substance Abuse Services: Mental Health Services: Juvenile Services: | Health; Intensive Outpatient: Intensive Outpatient Treatment Assessment (Medicaid); Assessmen Bilingual Services; Embark Counseling LLC Adult Non-Residential Services Intervention/Education; Juvenile Non-Resident Intervention/Education; Juvenile Non-Resident Services Outpatient - Individual; Juvenile Non-Pre-Treatment Assessment (bio-psychosocial); Outpatient Therapy - Individual-Mental Health; Mental Health; Outpatient Therapy - Eating Dis | ent- Eating Disorder; Intensive Outpatient: Intensive Outpatient ht: Mental Status Exam (MSE); Contracted Services: Tracker; C 3154 18th Ave Suite 7 Columbus NB 68601 ducation; Adult Non-Residential Services Outpatient - Groups; J dividual; Adult Non-Residential Services Outpatient - Co-Occur ial Services Outpatient - Groups; Juvenile Non-Residential Ser Residential Services Outpatient - Co-Occurring Treatment ; Co-Occurring; Outpatient Therapy Outpatient Therapy including Group Sessions-Mental Health; G | t Therapy-Co-occurring; Asse Contracted Services: Electron (402)942-9005 Adult Non-Residential Service ring Treatment; Juvenile Non vices Outpatient - Family; Juv Outpatient Therapy including | ssment: Pre- ic Monitoring s Outpatient - Family -Residential Services renile Non-Residentia Family Sessions- |
| Muhle, Mindy Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Neuhalfen, Kristen Substance Abuse Services: | Health; Intensive Outpatient: Intensive Outpatient Treatment Assessment (Medicaid); Assessment Bilingual Services; Embark Counseling LLC Adult Non-Residential Services Intervention/Ed Adult Non-Residential Services Outpatient - Ind Intervention/Education; Juvenile Non-Resident Services Outpatient - Individual; Juvenile Non- Pre-Treatment Assessment (bio-psychosocial); Outpatient Therapy - Individual-Mental Health; Mental Health; Outpatient Therapy - Eating Dis Occurring The Link, Inc. Adult Non-Residential Services Intervention/Ed Adult Non-Residential Services Outpatient - Ind Halfway-House | ent- Eating Disorder; Intensive Outpatient: Intensive Outpatient ht: Mental Status Exam (MSE); Contracted Services: Tracker; C 3154 18th Ave Suite 7 Columbus NB 68601 Jucation; Adult Non-Residential Services Outpatient - Groups; Ju- dividual; Adult Non-Residential Services Outpatient - Co-Occur ial Services Outpatient - Groups; Juvenile Non-Residential Ser Residential Services Outpatient - Co-Occurring Treatment ; Co-Occurring; Outpatient Therapy Outpatient Therapy including Group Sessions-Mental Health; G sorder; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr 1001 W Norfolk Ave. Norfolk NB 68701 Jucation; Adult Non-Residential Services Outpatient - Groups; Juvenile Jucation; Adult Non-Residential Services Outpatient - Co-Occur | t Therapy-Co-occurring; Asse Contracted Services: Electron (402)942-9005 Adult Non-Residential Service rring Treatment; Juvenile Non vices Outpatient - Family; Juv Outpatient Therapy including reatment Assessment (Medica (402)371-7213 Adult Non-Residential Service | ssment: Pre- ic Monitoring es Outpatient - Family Residential Services venile Non-Residentia Family Sessions- aid); Assessment: Co |
| Muhle, Mindy Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Neuhalfen, Kristen Substance Abuse Services: | Health; Intensive Outpatient: Intensive Outpatient Treatment Assessment (Medicaid); Assessment Bilingual Services; Embark Counseling LLC Adult Non-Residential Services Intervention/Ed Adult Non-Residential Services Outpatient - Ind Intervention/Education; Juvenile Non-Resident Services Outpatient - Individual; Juvenile Non- Pre-Treatment Assessment (bio-psychosocial); Outpatient Therapy - Individual-Mental Health; Mental Health; Outpatient Therapy - Eating Dis Occurring The Link, Inc. Adult Non-Residential Services Intervention/Ed Adult Non-Residential Services Outpatient - Individual | ent- Eating Disorder; Intensive Outpatient: Intensive Outpatient ht: Mental Status Exam (MSE); Contracted Services: Tracker; C 3154 18th Ave Suite 7 Columbus NB 68601 Jucation; Adult Non-Residential Services Outpatient - Groups; Ju- dividual; Adult Non-Residential Services Outpatient - Co-Occur ial Services Outpatient - Groups; Juvenile Non-Residential Ser Residential Services Outpatient - Co-Occurring Treatment ; Co-Occurring; Outpatient Therapy Outpatient Therapy including Group Sessions-Mental Health; G sorder; Outpatient Therapy - Co-occurring; Assessment: Pre-Tr 1001 W Norfolk Ave. Norfolk NB 68701 Jucation; Adult Non-Residential Services Outpatient - Groups; J dividual; Adult Non-Residential Services Outpatient - Co-Occur | t Therapy-Co-occurring; Asse Contracted Services: Electron (402)942-9005 Adult Non-Residential Service rring Treatment; Juvenile Non vices Outpatient - Family; Juv Outpatient Therapy including reatment Assessment (Medica (402)371-7213 Adult Non-Residential Service | ssment: Pre- ic Monitoring s Outpatient - Family Residential Services renile Non-Residentia Family Sessions- aid); Assessment: Co |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|---|
| Olson, Elissa | | 1367 33rd Ave Columbus NB 68601 | (402)942-1679 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Edu ent - Family; Adult Non-Residential Services Outpatient - Inc Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Eating Diso | Outpatient Therapy including Group Sessions-Mental Health; rder; Outpatient Therapy - Co-occurring; Intensive Outpatier g Disorder; Intensive Outpatient: Intensive Outpatient Thera atus Exam (MSE); Assessment: Co-Occurring | t: Intensive Outpatient Therap | oy-Mental Health; |
| Other Services: | | | | |
| Ortez, Darlyn | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 6 1863 | 8802- (402)942-5084 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Petersen, Connie | Behavioral Health Specialist/Seekers of Serenity | 923 E Norfolk Ave Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| | Non-Residential Services Outpatient - Family; Au Treatment; Adult Non-Residential Services Inten Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | Assessment Services Substance Abuse Evaluations; Adult N dult Non-Residential Services Outpatient - Individual; Adult N isive Outpatient Treatment; Adult Residential Services Short sidential Services Outpatient - Groups; Juvenile Non-Reside enile Non-Residential Services Outpatient - Co-Occurring Tr Co-Occurring; Psychological Evaluation; Outpatient Therapy | Non-Residential Services Outp Term Residential; Juvenile A Intial Services Outpatient - Fa eatment; Juvenile Non-Reside | oatient - Co-Òccurring ssessment Services mily; Juvenile Non- |
| | | Dutpatient Therapy including Group Sessions-Mental Health; | | Family Soccions |
| Juvenile Services. | Mental Health; Outpatient Therapy - Co-occurrin | g; Intensive Outpatient: Intensive Outpatient Therapy-Co-oc ISE); Assessment: Psychological Evaluation; Assessment: (| curring; Assessment: Pre-Trea | |
| Other Services: | Sliding Fee Scale; | | 0 | |
| Price-Wells, Cherisa | ResCare Workforce Services | 3720 N 27th St Ste 6 Lincoln NB 68521 | (402)458-4925 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Rodriguez, DeAnna | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (402)942-3259 | (402)835-5254 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Rowley, Abbie | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)920-2809 | |
| | Co-Occurring Treatment; Juvenile Assessment S Residential Services Outpatient - Co-Occurring T | valuations; Adult Non-Residential Services Outpatient - Individual; Adu Services Substance Abuse Evaluations; Juvenile Non-Residential Ser Freatment | | |
| Mental Health Services: | | | | |
| | Non-Treatment: Intensive Family Preservation; C | Dutpatient Therapy - Individual-Mental Health | | |
| Other Services: | | | | |
| Sample, Jessica | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (402)835-9116 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); F | Psychological Evaluation; Outpatient Therapy; Mental Health Intensive | e Management | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Therapy - Co-occurring; Assessment: Pre-Treatr Assessment: Juvenile Who Sexually Harm Risk | outpatient Therapy including Family Sessions-Mental Health; Outpatien nent Assessment (Medicaid); Assessment: Mental Status Exam (MSE Assessment | nt Therapy - Eating E); Assessment: Psy | Disorder; Outpatient chological Evaluation; |
| Other Services: | | | | |
| Stahlecker, Rebecca | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; J Juvenile Non-Residential Services Outpatient - O Pre-Treatment Assessment (bio-psychosocial); O | Co-Occurring; Adults who Sexually Harm Evaluation; Outpatient Thera | dult Non-Residential vices Intervention/Ec lesidential Services | I Services Outpatient - ducation; Juvenile Outpatient - Individual; |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; | Dutpatient Therapy - Individual-Mental Health; Outpatient Therapy incl Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occur atus Exam (MSE); Assessment: Juvenile Who Sexually Harm Risk | | |

| Name | Agency | Address | Phone | Fax |
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| | Assessment | | | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Educ ent - Family; Adult Non-Residential Services Outpatient - Indi Services Intensive Outpatient Treatment; Juvenile Assessme ; Juvenile Non-Residential Services Outpatient - Groups; Jur ndividual; Juvenile Non-Residential Services Outpatient - Co Outpatient Therapy | ividual; Adult Non-Residential ent Services Substance Abuse venile Non-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; | Outpatient Therapy including | Family Sessions- |
| Other Services | | g; Assessment: Pre-Treatment Assessment (Medicaid) | | |
| Other Services. | Sliding Fee Scale; | | | |
| Steffen, Rachel | Colegrove Counseling Center | 1460 35th Ave. Columbus NB 68601 | (402)562-6767 | (402)562-6770 |
| | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa Pre-Treatment Assessment (bio-psychosocial); 0 | 6 | ation; Adult Non-Residential | Services Outpatient - |
| | | utpatient Therapy including Group Sessions-Mental Health; | Outpatient Therapy including | Family Sessions- |
| Other Services: | | | | |
| Stennis, Gladys | Infinite Avenues Counseling | 7117 Farnam St Suite 17 Omaha NB 68132 | (402)905-6296 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex | valuations | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Sullivan, Michael | Michael Sullivan Counseling | 208 N. 5th St. Norfolk NB 68701-4155 | (402)750-7923 | (402)226-5161 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Grou | | rvices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| nt - Individual; Adult Non-Residential Services Outpatient - C Dutpatient Therapy | o-occurring Treatment | |
| Juvenile Services: | | | | |
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| Name | Agency | Address | Phone | Fax |
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| Swantek, Mallory | Good Life Counseling & Support | 2277 22nd Ave Columbus NB 68601 | (402)371-3044 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ju vices Intervention/Education; Juvenile Non-Residential Services Outp | uvenile Assessment | Services Substance |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Assessm | nent: Pre-Treatment Assessment (Medicaid) | | |
| Other Services: | | | | |
| 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 | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services E Residential Services Short Term Residential; Juvenile Assessment S ducation; Juvenile Non-Residential Services Outpatient - Groups; Juv atient - Individual; Juvenile Non-Residential Services Outpatient - Co ent | dult Non-Residentia Dual Residential (MH Services Substance venile Non-Resident | Services Outpatient I/SA); Adult Abuse Evaluations; ial Services Outpatier |
| Juvenile Services: | oo occuming, outpatient metapy | | | |
| | Sliding Fee Scale; | | | |
| Trotta, Beverly | Goodwill Industries of Greater Nebraska | 1804 South Eddy PO Box 1863 Grand Island NB 68802- 1863 | (402)942-9007 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E | aluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment Se ducation; Juvenile Non-Residential Services Outpatient - Groups; Juv atient - Individual; Juvenile Non-Residential Services Outpatient - Co | Family; Adult Non-Re rvices Substance Al venile Non-Resident | esidential Services ouse Evaluations; ial Services Outpatier |
| | Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- | , | |
| 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; | - | | |

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

| Name | Agency | Address | Phone | Fax |
|--|--|---|--|--|
| Walton, Robert | Phoenix House | 1571 23rd Ave Columbus NB 68601 | (402)841-3791 | (402)302-1001 |
| | 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 Services Outpatient - Family; Juvenile Non-R uvenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | dult Non-Residential | Services Outpatient ducation; Juvenile |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Weber, Kristi | Weber Behavioral Health | 942 N 13th Geneva NB 68361 | (402)759-3802 | (402)759-3803 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Co-Occurring | Treatment | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre-7 | Treatment Assessment (bio-psychosocial); Outpatient Therapy; Media | cation Evaluation | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Assessm Evaluation; Assessment: Mental Status Exam (MSE); Assessment: Me | | |
| Other Services: | Sliding Fee Scale; | | | |
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)383-1622 | |
| 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 Sen uvenile Non-Residential Services Outpatient - Family; Juvenile Non-R | dult Non-Residential | Services Outpatient |
| Mental Health Services: | Juvenile Non-Residential Services Outpatient - C | o-Occurring Treatment | esidential Services | |
| | Juvenile Non-Residential Services Outpatient - C Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Ou | o-Occurring Treatment o-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatier | | Outpatient - Individua |
| Juvenile Services: | Juvenile Non-Residential Services Outpatient - C Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring Treatment o-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatier | | Outpatient - Individua |
| Juvenile Services: | Juvenile Non-Residential Services Outpatient - C Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Out Mental Health; Outpatient Therapy - Co-occurring | o-Occurring Treatment o-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatier | | Outpatient - Individua |
| Juvenile Services: Other Services: Wilson, Larry Substance Abuse Services: | Juvenile Non-Residential Services Outpatient - C Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Out Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Discovery Counseling, LLC Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - C | o-Occurring Treatment to-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Co-Occurring 3005 19th Street, Suite 700 Columbus NB 68601 aluations; Adult Non-Residential Services Outpatient - Groups; Adult tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Co-Occurr o-Occurring Treatment | nt Therapy including (402)606-3084 Non-Residential Se ing Treatment; Juve | Outpatient - Individua Family Sessions- (402)606-4693 rvices Outpatient - nile Assessment |
| Juvenile Services: Other Services: Wilson, Larry Substance Abuse Services: Mental Health Services: | Juvenile Non-Residential Services Outpatient - C Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Out Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Discovery Counseling, LLC Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatient Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - C Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring Treatment to-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Co-Occurring 3005 19th Street, Suite 700 Columbus NB 68601 aluations; Adult Non-Residential Services Outpatient - Groups; Adult tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Co-Occurr o-Occurring Treatment | nt Therapy including (402)606-3084 Non-Residential Se ing Treatment; Juve tial Services Outpat | Outpatient - Individual Family Sessions- (402)606-4693 rvices Outpatient - nile Assessment ient - Individual; |

Other Services:

| Name | Agency | Address | Phone | Fax |
|---|--|---|---|---|
| Arnett Nickolaus, Theresa | SOZO Family Services | 616 13th St Suite 110 Aurora NB 68818 | (402)631-7267 | (402)694-4199 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ | | Services Outpatient - |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | - | |
| | Outpatient: Intensive Outpatient Therapy-Mental | utpatient Therapy including Family Sessions-Mental Health; Outpa Health; Assessment: Mental Status Exam (MSE) | tient Therapy - Eating I | Disorder; Intensive |
| Other Services: | Sliding Fee Scale; | | | |
| Carde, Lori | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)606-3084 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | valuations; Adult Non-Residential Services Intervention/Education; . ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Substance Abuse Evaluations; Juvenile Non-Residential S uvenile Non-Residential Services Outpatient - Family; Juvenile Nor co-Occurring Treatment | Adult Non-Residential ervices Intervention/Ec | Services Outpatient - lucation; Juvenile |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Oo | ccurring | |
| Other Services: | | | | |
| Freudenburg, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Health; Outpat | ient Therapy including | Family Sessions- |
| Other Services: | Mental Health, Outpatient Merapy - Eating Disor | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation: Psychological Evaluation | | |
| | | date the contaily harm Evaluation, Poyonological Evaluation | | |
| Juvenile Services | | Assessment: Mental Status Exam (MSE); Assessment: Psycholog | ical Evaluation; Asses | sment: Juvenile Who |
| | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | , , , , | ical Evaluation; Assess | sment: Juvenile Who |
| Juvenile Services: Other Services: | | , , , , | ical Evaluation; Asses | sment: Juvenile Who |
| | | , , , , | ical Evaluation; Assess (402)429-1050 | sment: Juvenile Who |
| Other Services: | Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psycholog | | sment: Juvenile Who |
| Other Services: Jones, James | Sexually Harm Risk Assessment Community Justice Center | Assessment: Mental Status Exam (MSE); Assessment: Psycholog | | sment: Juvenile Who |
| Other Services: Jones, James Substance Abuse Services: Mental Health Services: | Sexually Harm Risk Assessment Community Justice Center | Assessment: Mental Status Exam (MSE); Assessment: Psycholog PO Box 22746 Lincoln NB 68542 | | sment: Juvenile Who |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|--|
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| | Family; Adult Non-Residential Services Outpatier | | ing Treatment; Adult | Non-Residential |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Outpatient | t Therapy | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; Ir | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental He rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Healt ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment | ealth; Outpatient The | erapy - Youth Who ent: Intensive |
| Other Services: | | | | |
| 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 Pre-Treatment Assessment (bio-psychosocial); C | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile No Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin co-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatier | dult Non-Residential es Substance Abuse n-Residential Servic g Treatment; Juveni | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family le Non-Residential |
| | Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; | | n merapy monuting | Tarning Oceanoria- |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|--|
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Educatio ent - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment; Juvenile Assessment n; Juvenile Non-Residential Services Outpatient - Groups; Juven ndividual; Juvenile Non-Residential Services Outpatient - Co-Oc | ual; Adult Non-Residentia Services Substance Abus ile Non-Residential Servic | l Services Outpatient e Evaluations; Juveni ces Outpatient - Famil |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Outpatient Therapy | | |
| | Mental Health; Outpatient Therapy - Co-occurrin | Dutpatient Therapy including Group Sessions-Mental Health; Ou g; Assessment: Pre-Treatment Assessment (Medicaid) | tpatient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juven | valuations; Adult Non-Residential Services Outpatient - Groups; sive Outpatient Treatment; Juvenile Assessment Services Subst ile Non-Residential Services Outpatient - Individual Co-Occurring; Adults who Sexually Harm Evaluation; Psycholog | ance Abuse Evaluations; | Juvenile Non- |
| | Mental Health; Outpatient Therapy - Youth Who Who Sexually Harm; Assessment: Pre-Treatmer Assessment: Juvenile Who Sexually Harm Risk | Outpatient Therapy including Group Sessions-Mental Health; Our Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Ou ht Assessment (Medicaid); Assessment: Mental Status Exam (M Assessment; Assessment: Co-Occurring | utpatient: Intensive Outpat | tient Therapy-Youth |
| Other Services: | Sliding Fee Scale; | | | |
| Volnek, Ashley | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-8748 | (402)475-6728 |
| Substance Abuse Services: | Adult Residential Services Dual Residential (MH | I/SA) | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Se Juvenile Non-Residential Services Intervention/E | valuations; Adult Non-Residential Services Intervention/Education ces Outpatient - Groups; Adult Non-Residential Services Outpation ervices Outpatient - Co-Occurring Treatment; Juvenile Assessme Education; Juvenile Non-Residential Services Outpatient - Group patient - Individual; Juvenile Non-Residential Services Outpatier | ent - Family; Adult Non-Re ent Services Substance Al os; Juvenile Non-Resident | esidential Services buse Evaluations; ial Services Outpatier |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve | enile Co-Occurring Evaluation (C/O); Pre-Treatment Assessmer | nt (bio-psychosocial); Co-C | Occurring; Outpatient |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non | -Treatment: General Education Class; Outpatient Therapy - Indi tient Therapy including Family Sessions-Mental Health; Outpatie : Co-Occurring | | |

| Name | Agency | Address | Phone | Fax |
|---|--|---|---|--|
| Other Services: | Sliding Fee Scale; | | | |
| Walton, Robert | Phoenix House | 1571 23rd Ave Columbus NB 68601 | (402)841-3791 | (402)302-1001 |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; J Juvenile Non-Residential Services Outpatient - G | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Substance Abuse Evaluations; Juvenile Non-Residential Se uvenile Non-Residential Services Outpatient - Family; Juvenile Non- Co-Occurring Treatment | Adult Non-Residentia ervices Intervention/E | l Services Outpatient - ducation; Juvenile |
| Weber, Kristi | Weber Behavioral Health | 942 N 13th Geneva NB 68361 | (402)759-3802 | (402)759-3803 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E | valuations; Adult Non-Residential Services Outpatient - Co-Occurrin | g Treatment | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Outpatient Therapy; Me | dication Evaluation | |
| Juvenile Services: | | Outpatient Therapy including Family Sessions-Mental Health; Assess Evaluation; Assessment: Mental Status Exam (MSE); Assessment: I | | |
| Other Services: | Sliding Fee Scale; | | | |
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)383-1622 | |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpati Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; J Juvenile Non-Residential Services Outpatient - G Pre-Treatment Assessment (bio-psychosocial); Outpatient Therapy - Individual-Mental Health; C | Co-Occurring; Outpatient Therapy Dutpatient Therapy including Group Sessions-Mental Health; Outpati | Adult Non-Residentia ervices Intervention/Ec Residential Services | I Services Outpatient - ducation; Juvenile Outpatient - Individual |
| Other Services: | Mental Health; Outpatient Therapy - Co-occurrin Sliding Fee Scale; | g; Assessment: Co-Occurring | | |

Registered Service Providers for County: Red Willow

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|---|
| Bear, Angela | Beacon of Hope Counseling Center LLC | 308 W 4th St North Platte NB 69101 | (308)532-0777 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurrin (Medicaid) | Dutpatient Therapy including Group Sessions-Mental Health; Ou g; Intensive Outpatient: Intensive Outpatient Therapy-Mental H | | |
| Other Services: | Sliding Fee Scale; | | | |
| Brandyberry, Kyle | Heartland Counseling | 110 N Bailey PO Box 1209 North Platte NB 69101 | (308)534-6029 | (308)534-6961 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - I Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Educat ent - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment; Juvenile Assessment a; Juvenile Non-Residential Services Outpatient - Groups; Juven individual; Juvenile Non-Residential Services Outpatient - Co-O | dual; Adult Non-Residential Services Substance Abuse nile Non-Residential Servic | Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| | Pre-Treatment Assessment (bio-psychosocial); (| | un ationst Theorem in alcoling | |
| | | Dutpatient Therapy including Group Sessions-Mental Health; Ou g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occur ISE); Assessment: Co-Occurring | | |
| | | | (000)707 4054 | |
| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | |
| Substance Abuse Services: | | | | |
| | Non-Treatment: Anger Management Class; Outp | Co-Occurring; Adults who Sexually Harm Evaluation; Outpatien patient Therapy - Individual-Mental Health; Outpatient Therapy fental Health; Outpatient Therapy - Eating Disorder; Day Treatr nent: Mental Status Exam (MSE) | including Group Sessions-I | |
| 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/Educatives Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessm Education; Juvenile Non-Residential Services Care Monitoring Services Outpatient - Family; Juvenile Non-Residential Services | ient - Family; Adult Non-Re ient Services Substance At SA/MH; Juvenile Non-Resid | esidential Services puse Evaluations; dential Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C Mental Health; Outpatient Therapy - Eating Diso | Dutpatient Therapy including Group Sessions-Mental Health; Our rder | utpatient Therapy including | Family Sessions- |
| | Sliding Fee Scale; | | | |

Registered Service Providers for County: Red Willow

| Name | Agency | Address | Phone | Fax |
|---|--|---|---|---|
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| 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 Outpatier Services Intensive Outpatient Treatment; Juvenil | raluations; Adult Non-Residential Services Outpatient - Groups; Adult ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- amily; Juvenile Non-Residential Services Outpatient - Individual; Juven al Services Intensive Outpatient Treatment | ing Treatment; Adult Residential Services | t Non-Residential s Outpatient - Groups |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | · · · · · · · · · · · · · · · · · · · | | |
| Rynearson, Claire | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8521 | (402)455-7050 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Evaluations | aluations; Adult Residential Services Therapeutic Community; Juven | ile Assessment Serv | vices Substance Abus |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility; Asses | sment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occ | urring | |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O | raluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatieng; Assessment: Pre-Treatment Assessment (Medicaid) | dult Non-Residential ces Substance Abuso n-Residential Servic ng Treatment; Juveni | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family le Non-Residential |

Registered Service Providers for County: Red Willow

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---|
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juven | valuations; Adult Non-Residential Services Outpatient - Groups; Adu sive Outpatient Treatment; Juvenile Assessment Services Substance ile Non-Residential Services Outpatient - Individual Co-Occurring; Adults who Sexually Harm Evaluation; Psychological | e Abuse Evaluations; | Juvenile Non- |
| | Outpatient Therapy - Individual-Mental Health; C Mental Health; Outpatient Therapy - Youth Who | Outpatient Therapy including Group Sessions-Mental Health; Outpati Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpa nt Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | ent Therapy including tient: Intensive Outpat | 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 | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Substance Abuse Evaluations; Juvenile Non-Residential Se luvenile Non-Residential Services Outpatient - Family; Juvenile Non- Co-Occurring Treatment | Adult Non-Residentia ervices Intervention/Ed | Services Outpatient ducation; Juvenile |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C Mental Health; Outpatient Therapy - Co-occurrin | Dutpatient Therapy including Group Sessions-Mental Health; Outpati lg; Assessment: Co-Occurring | ent Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |

Registered Service Providers for County: Richardson

| Name | Agency | Address | Phone | Fax |
|---|---|---|---|--|
| Borrenpohl, Jennifer | Willow Psychotherapy | 2120 S 56th Street Suite 206 Lincoln NB 68506 | (402)335-7752 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)461-4960 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servic | valuations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpatien rvices Outpatient - Co-Occurring Treatment; Adult Non-Residenti | nt - Family; Adult Non-Resid | dential Services |
| Mental Health Services: Juvenile Services: | Co-Occurring; Outpatient Therapy | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | | Assessment: Mental Status Exam (MSE); Assessment: Psychology | ogical Evaluation; Assessm | ent: Juvenile Wh |
| Other Services: | Sexually Harm Risk Assessment | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Juvenile Assessment S ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occ Outpatient Therapy | al; Adult Non-Residential Se ervices Substance Abuse E e Non-Residential Services | ervices Outpatier Evaluations; Juve Outpatient - Fan |
| | Outpatient Therapy - Individual-Mental Health; O | outpatient Therapy including Group Sessions-Mental Health; Outp g; Assessment: Pre-Treatment Assessment (Medicaid) | atient Therapy including Fa | mily Sessions- |

Registered Service Providers for County: Richardson

| Name | Agency | | Address | Phone | Fax |
|---------------------------|--|----------------------------|-------------------|---------------|---------------|
| Other Services: | Sliding Fee Scale; | | | | |
| Trauernicht, Joellyn | Blue Valley Behavioral Health | 1123 N 9th St | Beatrice NB 68310 | (402)228-3386 | (402)228-2004 |
| Substance Abuse Services: | Adult Assessment Services Substance Ab Groups; Adult Non-Residential Services O Extended Residential | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychoso | cial); Co-Occurring; Outpa | tient Therapy | | |
| Juvenile Services: | | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Volnek, Ashley | CenterPointe | 2633 P St Linco | oln NB 68503 | (402)475-8748 | (402)475-6728 |
| Substance Abuse Services: | Adult Residential Services Dual Residentia | al (MH/SA) | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychoso | cial) | | | |
| Juvenile Services: | | | | | |
| Other Services: | | | | | |

| Name | Agency | Address | Phone | Fax |
|---|--|---|--|---|
| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Advertices Intensive Outpatient Treatment; Adult Residential Services D | dult Non-Residential | Services Outpatient - |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| | Sliding Fee Scale; | | | |
| Brooks, Cristy | Good Life Counseling & Support | 118 E State St Atkinson NB 68713 | (402)340-0022 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | 1 13 | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl | uding Family Sessio | ns-Mental Health |
| Brown, Nicholas | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Aduss Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Ko-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Ko-Occurring Treatment; Adult Non-Residential Services - Ko-Occurring Treatment; Adult Non-Residential Services - Ko-Occurring Treatment; Adult Non-Residential Services - Ko-Occurring - Ko-Occu | amily; Adult Non-Re | esidential Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: Other Services: | Sliding Fee Scale; Bilingual 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; Adu ervices Substance Abuse Evaluations; Juvenile Non-Residential Serv reatment | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| 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; Ad al Services Intervention/Education; Juvenile Non-Residential Services e Non-Residential Services Outpatient - Individual; Juvenile Non-Residential | dult Non-Residential s Outpatient - Group | Services Outpatient - s; Juvenile Non- |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|--|
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial | I); Co-Occurring | | |
| Juvenile Services: | Assessment: Co-Occurring | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatme | ent: General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Groups; Adult Non-Residential Services Outp Co-Occurring Treatment; Adult Non-Resident Non-Residential Services Intervention/Educat | e Evaluations; Adult Non-Residential Services Intervention/Edu patient - Family; Adult Non-Residential Services Outpatient - Ind ial Services Intensive Outpatient Treatment; Juvenile Assessm tion; Juvenile Non-Residential Services Outpatient - Groups; Ju t - Individual; Juvenile Non-Residential Services Outpatient - C I); Co-Occurring; Outpatient Therapy | dividual; Adult Non-Residential s nent Services Substance Abuse uvenile Non-Residential Service | Services Outpatient Evaluations; Juveni s Outpatient - Famil |
| | Non-Treatment: Intensive Family Preservation Individual-Mental Health; Outpatient Therapy | n; Non-Treatment: Anger Management Class; Non-Treatment: including Group Sessions-Mental Health; Outpatient Therapy Intensive Outpatient Therapy-Mental Health; Intensive Outpat | including Family Sessions-Ment | al Health; Outpatien |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial | 1) | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Th occurring; Intensive Outpatient: Intensive Out | ed); Out-Of-Home: Respite Care; Outpatient Therapy - Individu nerapy including Family Sessions-Mental Health; Outpatient Th patient Therapy-Mental Health; Intensive Outpatient: Intensive edicaid); Assessment: Mental Status Exam (MSE); Out-Of-Hom | erapy - Eating Disorder; Outpat Outpatient Therapy-Youth Who | ient Therapy - Co- Sexually Harm; |
| Other Services: | | | | |
| Ohde, Ashton | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| | | | | |
| Juvenile Services: | | n; Outpatient Therapy - Individual-Mental Health; Outpatient Th s-Mental Health; Outpatient Therapy - Eating Disorder | nerapy including Group Session | s-Mental Health; |

| Name | Agency | Address | Phone | Fax |
|---------------------|--|---|--|---|
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Edu ent - Family; Adult Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile Assessr ; Juvenile Non-Residential Services Outpatient - Groups; J ndividual; Juvenile Non-Residential Services Outpatient - C | dividual; Adult Non-Residential S nent Services Substance Abuse E uvenile Non-Residential Services | ervices Outpatient - Evaluations; Juvenile Outpatient - Family; |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health g; Assessment: Pre-Treatment Assessment (Medicaid) | ; Outpatient Therapy including Fa | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Williamson, Michael | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | |
| | | aluations; Adult Non-Residential Services Intervention/Edu ent - Family; Adult Non-Residential Services Outpatient - In | | |
| | | | any including Croup Spaciana Ma | ntal Haalth |
| | | atient Therapy - Individual-Mental Health; Outpatient Thera ental Health; Outpatient Therapy - Eating Disorder; Outpat Co-Occurring | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Betka, Cindy | FGH Inc | 942 N 13th St. Geneva NB 68361 | (402)879-5959 | (402)759-3803 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad | ult Non-Residential | Services Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | nt - Family; Adult Non-Residential Services Outpatient - Individual Dutpatient Therapy | | |
| Juvenile Services: | including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy - Individual ent Therapy including Family Sessions-Mental Health; Outpatient The nent Assessment (Medicaid); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | ient Assessment (Medicald), Assessment. Co-Occurring | | |
| Carde, Lori | Discovery Counseling, LLC | 3005 19th Street, Suite 700 Columbus NB 68601 | (402)606-3084 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-R uvenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | dult Non-Residential | Services Outpatient - lucation; Juvenile |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Mental Status Exam (MSE); Assessment: Co-Occu | ırring | |
| Other Services: | | | | |
| Cowan, Jayme | Jayme E Cowan LLC | 4316 S 48th St Suite 2 Lincoln NB 68516 | (402)890-7713 | (402)327-0404 |
| | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | Services Outpatient - |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatien ent: Mental Status Exam (MSE); Assessment: Co-Occurring | nt Therapy - Co-occi | urring; Assessment: |
| Other Services: | | | | |
| Denney, Rachel | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)730-6802 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Service Juvenile Non-Residential Services Outpatient - Groups; Juvenile No Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient - Evaluations; Juvenil |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Contemport | utpatient Therapy including Family Sessions-Mental Health; Outpatien | nt Therapy - Co-occi | urring |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---|--|--|---|---|
| Dirks, Tamara | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)461-4960 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | amily; Adult Non-Re | sidential Services |
| Mental Health Services: Juvenile Services: | Co-Occurring; Outpatient Therapy | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Giles, Nicholas | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A | dult Non-Residential | Services Outpatient - |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- Evaluation | Freatment Assessment (bio-psychosocial); Co-Occurring; Adults who | Sexually Harm Eval | uation; Psychological |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S Health; Intensive Outpatient: Intensive Outpatient | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensive aid); Assessment: Mental Status Exam (MSE); Assessment: Psychological Status Exam (MSE); | ent: Intensive Outpati Outpatient Therapy- | ent Therapy-Mental Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Herdman, John | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)489-9792 | (402)489-9793 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential vices Intervention/Ed Residential Services C | Services Outpatient - ucation; Juvenile Dutpatient - Individual |
| | | Freatment Assessment (bio-psychosocial); Co-Occurring; Psychologi | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring Psychological Evaluation: Assessment: Co-Occu | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: rring | nt Therapy including Mental Status Exam | Family Sessions- (MSE); Assessment: |
| Other Services: | | 0 | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| | | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | al Evaluation; Assess | ment: Juvenile Who |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|--|
| Johnson, Jill | Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)261-6667 | (402)261-6526 |
| | Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juveni Intervention/Education; Juvenile Non-Residentia Services Outpatient - Individual; Juvenile Non-R Outpatient Treatment | valuations; Adult Non-Residential Services Outpatient - Group nt - Individual; Adult Non-Residential Services Outpatient - Co le Assessment Services Substance Abuse Evaluations; Juver I Services Outpatient - Groups; Juvenile Non-Residential Serv esidential Services Outpatient - Co-Occurring Treatment; Juve | o-Occurring Treatment; Adul nile Non-Residential Service vices Outpatient - Family; Ju | t Non-Residential s ivenile Non-Residentia |
| | Pre-Treatment Assessment (bio-psychosocial); (| | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurrin | Outpatient Therapy including Group Sessions-Mental Health; C g; Intensive Outpatient: Intensive Outpatient Therapy-Mental I ent Assessment (Medicaid); Assessment: Mental Status Exan | Health; Intensive Outpatient | : Intensive Outpatient |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kenning, Tamara | Turning Point Behavioral Health & Addiction Counseling PC | 122 S 4th St Seward NB 68434 | (402)641-2095 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juveni Intervention/Education; Juvenile Non-Residentia | valuations; Adult Non-Residential Services Intervention/Educa nt - Individual; Adult Non-Residential Services Outpatient - Co le Assessment Services Substance Abuse Evaluations; Juver I Services Outpatient - Family; Juvenile Non-Residential Servi Treatment; Juvenile Non-Residential Services Intensive Outpa |)-Occurring Treatment; Adul nile Non-Residential Service ices Outpatient - Individual; | t Non-Residential s |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juvenile Pre-Treatment Assessment (PTA); Juvenile Sexually Harm Evaluation; Outpatient Therapy | enile Co-Occurring Evaluation (C/O); Pre-Treatment Assessm | ent (bio-psychosocial); Co-0 | Occurring; Adults who |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C | Outpatient Therapy including Family Sessions-Mental Health; C Health; Intensive Outpatient: Intensive Outpatient Therapy-Ce atus Exam (MSE): Assessment: Co-Occurring | Dutpatient Therapy - Co-occ o-occurring; Assessment: P | urring; Intensive re-Treatment |
| Other Services: | | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| | Family; Adult Non-Residential Services Outpatie | | Occurring Treatment; Adul | t Non-Residential |

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

| Name | Agency | Address | Phone | Fax |
|--|--|---|---|--|
| Other Services: | Sliding Fee Scale; | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Outpatien | t Therapy | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Disc Outpatient Therapy-Youth Who Sexually Harm; I | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpental Health; Outpatient Therapy including Family Sessions-Ment order; Intensive Outpatient: Intensive Outpatient Therapy-Mental Intensive Outpatient: Intensive Outpatient- Eating Disorder; Assessment: Juvenile Who Sexually Harm Risk Assessment | al Health; Outpatient The Health; Intensive Outpatie | rapy - Youth Who ent: Intensive |
| 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 Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education ent - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Juvenile Assessment S ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occ Co-Occurring; Outpatient Therapy | al; Adult Non-Residential ervices Substance Abuse e Non-Residential Service | Services Outpatier Evaluations; Juve es Outpatient - Fan |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outp g | atient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Miller, Shannon | 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; Adult Non-Residential S | | | |
| Mental Health Services: Juvenile Services: Other Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Paine, Mary | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Psychological Evaluation; I | EPC Crisis Center; Outpa | tient Therapy |
| Juvenile Services: | | | | |

Juvenile Services:

Other Services: Sliding Fee Scale;

| Name | Agency | | Address | Phone | Fax |
|---------------------------|--|---|---|--|--|
| Smith, Morgan | Jenda Family Services, LLC | 815 K Street Lind | oln NB 68508 | (308)390-9347 | |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Outpatient Therapy | | | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; O Outpatient Therapy including Family Sessions-Me | | | cluding Group Sessio | ns-Mental Health; |
| Other Services: | | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Plac | e Columbus NB 68601 | (402)370-3140 | |
| 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 Services Intensive Out ; Juvenile Non-Reside | -Residential Services Outpatient - Individual; , patient Treatment; Juvenile Assessment Serv ntial Services Outpatient - Groups; Juvenile N | Adult Non-Residentia ices Substance Abus on-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Mental Health; Outpatient Therapy - Co-occurring | | | ent Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | - | | | |
| Trauernicht, Joellyn | 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 Ev Groups; Adult Non-Residential Services Outpatie Extended Residential | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatie | nt Therapy | | |
| Juvenile Services: | | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| VanLaningham, Amanda | Blue Valley Behavioral Health | 1212 Ivy Ave Suit | e 2 Crete 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 N Non-Residential Serv | on-Residential Services Outpatient - Co-Occu ices Intervention/Education; Juvenile Non-Re | rring Treatment; Juve sidential Services Ou | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatie | nt Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Eating Disor Mental Status Exam (MSE) | | | | |
| Other Services: | Sliding Fee Scale; | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---------------------|------------------------|
| | | | | |
| Velasquez, Jesus | Blue Valley Behavioral Health | 3901 Normal Blvd #201 Lincoln NB 68506 | (402)657-2737 | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual | aluations; Adult Non-Residential Services Intervention/Education; Ac es Outpatient - Groups; Adult Non-Residential Services Outpatient - H | | |
| | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Volnek, Ashley | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-8748 | (402)475-6728 |
| Substance Abuse Services: | Adult Residential Services Dual Residential (MH/ | SA) | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Weber, Kristi | Weber Behavioral Health | 942 N 13th Geneva NB 68361 | (402)759-3802 | (402)759-3803 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Co-Occurring | Treatment | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre-T | Treatment Assessment (bio-psychosocial); Outpatient Therapy; Medi | cation Evaluation | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Assessn evaluation; Assessment: Mental Status Exam (MSE); Assessment: M | | |
| Other Services: | Sliding Fee Scale; | | | |
| Williams, Ann | Ann's Couch | 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 tient - Co-Occurring Treatment; Juvenile Assessment Services Subsi e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | ance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatie ent: Co-Occurring | nt Therapy - Co-occ | urring; Assessment: |
| Other Services: | | | | |
| Zlomke, Leland | Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Sexually Harm Evaluation; Psychological Evaluat | nile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment A ion: Outpatient Therapy | ssessment (bio-psyc | chosocial); Adults who |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: P sment: Psychological Evaluation; Assessment: Juvenile Who Sexuall | re-Treatment Asses | sment (Medicaid); |

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

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

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

| Name | Agency | Address | Phone | Fax |
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| Ackerman, Deanna | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)553-3000 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Non-Residenti | | ividual; Adult Non-Residential Se al Services Care Monitoring SA/N | ervices Outpatient /IH; Juvenile Non- |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy - I ient Therapy including Family Sessions-Mental Health; Outp Mental Status Exam (MSE); Assessment: Co-Occurring | | |
| Ajlouny, Alestin | At Peace Therapy LLC | 268 N. 115th St, Suite 1 Omaha NB 68154 | (402)413-9919 | |
| Mental Health Services: Juvenile Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C | raluations; Adult Non-Residential Services Outpatient - Grou nt - Individual; Adult Non-Residential Services Outpatient - C Co-Occurring; Crisis Stabilization; Outpatient Therapy | | |
| Akers, Anita | Anita Akers PC | 11069 I St Omaha NB 68137 | (402)933-4411 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | aluations; Adult Non-Residential Services Outpatient - Fami tient - Co-Occurring Treatment; Juvenile Assessment Servic e Non-Residential Services Outpatient - Individual; Juvenile | ces Substance Abuse Evaluation | s; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; In (Medicaid) | tensive Outpatient: Intensive Outpatient Therapy-Mental He | alth; Assessment: Pre-Treatmer | t Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Alba, Sarah | Goodwill Industries | 4805 N 72nd St Omaha NB 68134 | (402)880-8414 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: Juvenile Services: | | | | |
| Other Services | Billio must O an isaa | | | |

Other Services: Bilingual Services;

| Name | Agency | Address | Phone | Fax |
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| Albrecht, Linda | Siena Francis House | 1702 Nicholas Street Omaha NB 68106 | (402)341-1821 | |
| Substance Abuse Services: | | ssessment Services Substance Abuse Evaluations; Adult Non-Reside lult Non-Residential Services Outpatient - Individual; Adult Non-Resic Residential | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Almquist, Keith | Achievement Counseling Services | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)669-3665 | (402)502-5102 |
| | Groups; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - C | | ring Treatment; Juve | enile Assessment |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Status Exam (MSE); Assessment: Co-Occurring | utpatient Therapy - Co-occurring; Assessment: Pre-Treatment Asses | sment (Medicaid); A | ssessment: Mental |
| Other Services: | | | | |
| Andersen, Brian | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)614-8444 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Babutzke, Candace | Alegent Health | 7101 Newport Ave Ste 100 Omaha NB 68152 | (402)572-3337 | (402)339-4358 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g: Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | oo occurring | |
| Bailey, Frank | Oats Bell House LLC | PO Box 11512 Omaha NB 68111 | (402)813-2317 | (402)504-3882 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Barrett, Sydney | Wait Think Focus Counseling LLC | 7117 Farnam St Suite 15 Omaha NB 68132 | (402)310-6596 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex Co-Occurring Treatment; Adult Non-Residential S | aluations; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment | dult Non-Residential \$ | Services Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | | | |
| 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 Se 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/Educa al Services Outpatient - Groups; Juvenile Non-Residential Services anile Non-Residential Services Outpatient - Co-Occurring Treatmen | - Family; Adult Non-Re Services Intensive Ou ation; Juvenile Non-Re Outpatient - Family; J | esidential Services tpatient Treatment; esidential Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M | atient Therapy - Individual-Mental Health; Outpatient Therapy inclu ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Asse (SE); Assessment: Co-Occurring | rapy - 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 | valuations; Adult Non-Residential Services Outpatient - Groups; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Outpatient - Groups; Juvenile Non-Resid Juvenile Non-Residential Services Outpatient - Co-Occurring Trea | urring Treatment; Juve dential Services Outpa | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Outpat | ient Therapy - Co-occ | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Baul-Pinson, Doraine | | 1941 S. 42nd Street Suite 426 Omaha NB 68105 | (402)514-7613 | (402)905-4726 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | aluations; Adult Non-Residential Services Intervention/Education; tient - Co-Occurring Treatment; Juvenile Assessment Services Sub enile Non-Residential Services Outpatient - Individual; Juvenile Nor | stance Abuse Evaluat | tions; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpati g | ient Therapy including | Family Sessions- |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | |
| Bell, Antoinette | New Balance Counseling | 6415 Ames Ave Suite B Omaha NB 68104 | (402)709-9849 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juveniles Outpatient - Family |
| | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy; Mental Health Intensive Management | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- | | - . |
| | Assessment (Medicaid); Assessment: Mental Sta | y-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy- tus Exam (MSE) | Co-occurring; Assess | sment: Pre-Treatment |
| Other Services: | Sliding Fee Scale; | | | |
| Bellinghausen, Angela | Angie Bellinghausen LLC | 12020 Shamrock Plaza Suite 200 Omaha NB 68154 | (402)253-4277 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evaluation | ons | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| 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: | | | | |
| Bernard, David | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | |
| | 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 Service | Services Outpatient - Evaluations; Juvenile Soutpatient - Family |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | a Mantal Llashh. |
| Juvenile Services: Other Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl ental Health; Intensive Outpatient: Intensive Outpatient Therapy-Ment | | is-Mental Health; |
| | | | | |
| 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 Ou | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr esidential Services Therapeutic Community; Juvenile Assessment Services; Juvenile Non-Residential Services Outpatient - Family; Juveni tpatient - Co-Occurring Treatment; Juvenile Non-Residential Services b Home; Juvenile Residential Services Short Term Residential | ing Treatment; Adult ervices Substance Ab le Non-Residential S | Non-Residential buse Evaluations; ervices Outpatient - |

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); (Psychiatric Residential Treatment Facility; Asses Hearing Impaired; Bilingual Services; | | | |
| Berry, Nickole | Team Inc | 4401 N 21st St Omaha NB 68110 | (402)451-5549 | (402)991-0777 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: Other Services: | | eatment: Intensive Family Preservation; Non-Treatment: Anger Ma cluding Group Sessions-Mental Health; Outpatient Therapy includin Health | | |
| Berry, Shane | Continuum Counseling and Consultants, LLC | 12020 Shamrock Plaza Suite 200 Omaha NB 68154 | (402)522-6570 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; ent - Individual; Adult Non-Residential Services Outpatient - Co-Oc | | Services Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| 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; J Juvenile Non-Residential Services Outpatient - G | | ; Adult Non-Residentia Services Intervention/E | I Services Outpatient ducation; Juvenile |
| | Pre-Treatment Assessment (bio-psychosocial); (| | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C Therapy - Co-occurring; Assessment: Co-Occurr | Dutpatient Therapy including Family Sessions-Mental Health; Outpa ring | itient Therapy - Eating | Disorder; Outpatient |
| Other Services: | Sliding Fee Scale; | | | |
| Biniamow, Judi | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)964-2092 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Groups; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occ | | ervices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| | 5 | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| 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 | | |
| 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 ivenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | dult Non-Residential vices Intervention/Ec | Services Outpatient | | |
| Mental Health Services: | | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- | psychosocial); Co-C | Occurring; Outpatient | | |
| Juvenile Services: | | Jutpatient Therapy - Individual-Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment seessment (Medicaid); Assessment: Mental Status Exam (MSE) | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Borrenpohl, Jennifer | Willow Psychotherapy | 2120 S 56th Street Suite 206 Lincoln NB 68506 | (402)335-7752 | | | |
| Substance Abuse Services: | | | | | | |
| Mental Health Services: | Outpatient Therapy | | | | | |
| Juvenile Services: | | | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Braimah, Rafiu | Alpha Life Improvement Services | 1905 Harney street, suite 710 Omaha NB 68102 | (402)515-4874 | | | |
| Substance Abuse Services: | | | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | utpatient Therapy | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Co | ommunity Treatment Aide; Assessment: Pre-Treatment Assessment | (Medicaid) | | | |
| Other Services: | | | | | | |
| Broekemeier, Robert | Robert Broekemeier Counseling LLC | 268 N 115th St Suite 1 Omaha NB 68154 | (402)965-1564 | (402)260-7125 | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Family; Juvenile Non-Resider o-Occurring Treatment | ing Treatment; Juve | nile Assessment | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Contemport | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occ | urring | | |
| Other Services: | | | | | | |
| Bruce, Ramanda | Aspirations Counseling | 1941 S 42nd St Suite 528 Omaha NB 68105 | (402)880-5253 | | | |
| Substance Abuse Services: | Maintenance; Adult Non-Residential Services Ou | aluations; Adult Non-Residential Services Intervention/Education; Ad tpatient - Groups; Adult Non-Residential Services Outpatient - Family vices Intensive Outpatient Treatment; Adult Non-Residential Service | ; Adult Non-Resider | | | |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | | | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; | | | |
| Carlson, Scott | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)658-3737 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Carrison, Vanessa | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)853-7898 | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juvenile Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Re | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Co-Occurring e Assessment Services Substance Abuse Evaluations; Juvenile Non- Services Outpatient - Groups; Juvenile Non-Residential Services Ou sidential Services Outpatient - Co-Occurring Treatment | g Treatment; Adult No Residential Services | on-Residential |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatier ;; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | | |
| 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; | 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 æs Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenil s Outpatient - Family |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpatier ; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | nt Therapy including I ssessment: Co-Occu | Family Sessions- rring |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Cave, Korina | Lutheran Family Services of NE Inc | 1420 E Military Ave Fremont NB 68025 | (402)721-1774 | (402)721-9689 |
| Mental Health Services: Juvenile Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur o-Occurring; Outpatient Therapy | | |

| Name | Agency | Address | Phone | Fax |
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| Chohon, Allen | Alegent Health | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130 | (402)758-5883 | (402)758-5855 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adut - Individual; Adult Non-Residential Services Outpatient - Co-Oco Non-Residential Services Outpatient - Groups; Juvenile Non-Res Juvenile Non-Residential Services Outpatient - Co-Occurring Trea | urring Treatment; Juve idential Services Outpa | nile Assessment |
| Juvenile Services: | | co-Occurring; Crisis Phone Line; Emergency Medical Health Evalu | ation; Outpatient Thera | ару |
| Other Services: | No Voucher Acceptance; | | | |
| Clark, Cristian "Kat" | CenterPointe | 1490 N 16th St Omaha NB 68102 | (402)827-0570 | (402)827-0580 |
| Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev Residential; Adult Residential Services Short Terr Pre-Treatment Assessment (bio-psychosocial); C Sliding Fee Scale; | | dult Residential Servic | es Extended |
| Clark, Stephanie | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (402)707-9050 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Colon, Legna | Goodwill Industries Omaha | 4805 N 72nd St Omaha NB 68134 | (402)201-5231 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy 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; Ad ive Outpatient Treatment; Juvenile Non-Residential Services Inter dential Services Outpatient - Individual; Juvenile Non-Residential | vention/Education; Juv | enile Non-Residential |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | Dutpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Assessment: Pre-Treatment Asse | utpatient Therapy including Group Sessions-Mental Health; Outpa ssment (Medicaid) | tient Therapy including | Family Sessions- |

| 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: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Juvenile Assessment Serv | valuations; Adult Non-Residential Services Intervention/Edu ent - Family; Adult Non-Residential Services Outpatient - Ind vices Substance Abuse Evaluations; Juvenile Non-Residen le Non-Residential Services Outpatient - Family; Juvenile No patient Treatment | dividual; Adult Non-Residential tial Services Intervention/Educ | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Non-Tre Placement Program; Non-Treatment: Family Par | eatment: Anger Management Class; Non-Treatment: Gener tner | al Education Class; Non-Treat | ment: Employment |
| Other Services: | Bilingual Services; | | | |
| Corrado, Michael | MAK Development (Michael's House) | 9007 F St Omaha NB 68127 | (402)917-0926 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Hearing Impaired; | | | |
| Cottam, Glenda | Cottam Psychological Services | 2730 S 87th Ave Omaha NB 68124-3045 | (402)331-8085 | (402)331-8265 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); F | Psychological Evaluation; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health | ; Assessment: Psychological E | valuation |
| Other Services: | | | | |
| Crum, Arianna | | 11605 Arbor Street Omaha NB 68114 | (402)577-0736 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health | utpatient Therapy including Group Sessions-Mental Health | ; Outpatient Therapy including | Family Sessions- |
| Other Services: | | | | |
| Davis, Linda | New Beginnings House | 5008 N 60th Ave Omaha NB 68104 | (402)850-4271 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| have all a O and a set | | | | |
| Juvenile Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| DeLaet, Theodore | Theodore J. DeLaet, PhD, PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 |
| | Juvenile Pre-Treatment Assessment (PTA); Juve Sexually Harm Evaluation; Psychological Evaluat Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Youth Who S | nile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment As ion; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); SE); Assessment: Psychological Evaluation; Assessment: Juvenile W | t Therapy including Assessment: Outpat | Family Sessions- ient Psychiatric |
| Other Services: | | | | |
| 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 | 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 | nile Assessment |
| Mental Health Services: | Co-Occurring | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occu | rring; Assessment: |
| Other Services: | Co-Occurring | | | |
| Denker, Lindsay | Lindsay Denker LLC | 9239 W Center Rd Suite 226 Omaha NB 68124 | (402)932-6643 | |
| | Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Family; Juvenile Treatment | aluations; Adult Non-Residential Services Outpatient - Family; Adult N tient - Co-Occurring Treatment; Juvenile Assessment Services Substa Non-Residential Services Outpatient - Individual; Juvenile Non-Resi | ance Abuse Evaluati | ons; Juvenile Non- |
| | Co-Occurring; Outpatient Therapy | utpatient Therapy including Family Sessions-Mental Health: Outpatier | ot Therapy - Co-occi | urring: Assessment: |
| Other Services: | Co-Occurring | | | ining, Assessment. |
| Denney, Rachel | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)730-6802 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occu | rring |

| Name | Agency | Address | Phone | Fax |
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| DeVries, Shawn | Inroads To Recovery | 2808 N 75th St Omaha NB 68134-6861 | (402)932-2248 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri Ion-Residential Services Partial Care; Adult Residential Services Dua | ing Treatment; Adult | Non-Residential |
| Mental Health Services: | Day Treatment; Pre-Treatment Assessment (bio- | psychosocial); Co-Occurring; Outpatient Therapy; Mental Health Inter | nsive Management | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Dexter, Loren | Sage Counseling Omaha LLC | 13808 U St Omaha NB 68137 | (402)960-0073 | |
| | Individual; Adult Non-Residential Services Intensi | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment | Non-Residential Ser | vices Outpatient - |
| Mental Health Services: Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including I | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| | | | | |
| Diaz, Isabel | Diaz Counseling LLC | 4107 so. 22nd St Omaha NB 68107 | (402)706-1847 | |
| | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie | 4107 so. 22nd St Omaha NB 68107 raluations; Adult Non-Residential Services Intervention/Education; Adu ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad | ult Non-Residential S | |
| | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education; Ad | ult Non-Residential S | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Treatment Outpatient Therapy | valuations; Adult Non-Residential Services Intervention/Education; Ad | ult Non-Residential S | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Treatment Outpatient Therapy | valuations; Adult Non-Residential Services Intervention/Education; Ad | ult Non-Residential S | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Treatment Outpatient Therapy | valuations; Adult Non-Residential Services Intervention/Education; Ad | ult Non-Residential S | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Dirks, Amber | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Treatment Outpatient Therapy Bilingual Services; Omni Behavioral Health Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | raluations; Adult Non-Residential Services Intervention/Education; Adu ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad | ult Non-Residential S dult Non-Residential (402)474-3322 ult Non-Residential S ing Treatment; Juver dential Services Outp | (402)397-1404 ervices Outpatient - ile Assessment |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Dirks, Amber Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Treatment Outpatient Therapy Bilingual Services; Omni Behavioral Health Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | 5115 F St. Omaha NB 68117 Faluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; Advantations; Adult Non-Residential Services Intervention/Education; Adult non-Residential Services Intervention/Education; Advantations; Adult Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Intervention; Juvenile Non-Residential Services Outpatient - Co-Occurring | ult Non-Residential S dult Non-Residential (402)474-3322 ult Non-Residential S ing Treatment; Juver dential Services Outp | (402)397-1404 ervices Outpatient - ile Assessment |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Dirks, Amber Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Outpatient Treatment Outpatient Therapy Bilingual Services; Omni Behavioral Health Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - In Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: Intensive Family Preservation; O | 5115 F St. Omaha NB 68117 Faluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; Advantations; Adult Non-Residential Services Intervention/Education; Adult non-Residential Services Intervention/Education; Advantations; Adult Non-Residential Services Outpatient - Co-Occurring Non-Residential Services Intervention; Juvenile Non-Residential Services Outpatient - Co-Occurring | ult Non-Residential S dult Non-Residential (402)474-3322 ult Non-Residential S ing Treatment; Juver dential Services Out; g Treatment | (402)397-1404 ervices Outpatient ile Assessment batient - Family; |

| Name | Agency | Address | Phone | Fax |
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| Dirks, Tamara | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)461-4960 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; A es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential S | Family; Adult Non-Res | idential Services |
| Mental Health Services: Juvenile Services: | Co-Occurring; Outpatient Therapy | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Dombrowski, Lydia | Breaking Sad LLC | 7005 N 88th Street Omaha NB 68122 | (402)305-8881 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| DuBay, Michelle | Turning the Mind Therapy | 4611 S 96th St Suite 232 Omaha NB 68127 | (402)301-7518 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa | aluations; Adult Non-Residential Services Outpatient - Groups; Adu tient - Co-Occurring Treatment | It Non-Residential Serv | ices Outpatient - |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Earley, Morgan | Morgan Earley LLC | 7239 S Harrison Hills Dr Suite 301 LaVista NB 68128 | (402)302-0353 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individual; Ad | | ervices Outpatient - |
| | Residential Services Outpatient - Co-Occurring T | ervices Substance Abuse Evaluations; Juvenile Non-Residential Se reatment | ervices Outpatient - Indi | |
| Mental Health Services: | | reatment | rvices Outpatient - Indi | |
| | Residential Services Outpatient - Co-Occurring T Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O | reatment | · | vidual; Juvenile No |
| Juvenile Services: | Residential Services Outpatient - Co-Occurring T Pre-Treatment Assessment (bio-psychosocial); C | reatment Dutpatient Therapy | · | vidual; Juvenile No |
| Juvenile Services: | Residential Services Outpatient - Co-Occurring T Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O (Medicaid) | reatment Dutpatient Therapy | ment: Pre-Treatment A | vidual; Juvenile No |
| Juvenile Services: Other Services: Eggert, Krysti | Residential Services Outpatient - Co-Occurring T Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O (Medicaid) Sliding Fee Scale; Looking Forward Counseling Services Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | reatment Dutpatient Therapy utpatient Therapy including Family Sessions-Mental Health; Assess | ment: Pre-Treatment A (402)957-1709 dult Non-Residential S rring Treatment; Juven sidential Services Outp | vidual; Juvenile Nor ssessment (402)807-7270 ervices Outpatient - ile Assessment |
| Juvenile Services: Other Services: Eggert, Krysti Substance Abuse Services: | Residential Services Outpatient - Co-Occurring T Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O (Medicaid) Sliding Fee Scale; Looking Forward Counseling Services Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | reatment Dutpatient Therapy utpatient Therapy including Family Sessions-Mental Health; Assess 268 N. 115th St. #1 Omaha NB 68154 aluations; Adult Non-Residential Services Intervention/Education; A ht - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention; Juvenile Non-Residential Services Intervention; Juvenile No | ment: Pre-Treatment A (402)957-1709 dult Non-Residential S rring Treatment; Juven sidential Services Outp | vidual; Juvenile No ssessment (402)807-7270 ervices Outpatient - ile Assessment |

| Neme | A 20201 | Address | Dhana | Fey |
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| Name | Agency | Address | Phone | Fax |
| 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; 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: | Pre-Treatment Assessment (bio-psychosocial); O | Dutpatient Therapy | | |
| | (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Assess | ment: 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; Adu tient - Co-Occurring Treatment; Juvenile Assessment Services Sub le Non-Residential Services Outpatient - Individual; Juvenile Non-R | stance Abuse Evaluati | ons; Juvenile Non- |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpati | ent Therapy - Co-occu | rrina |
| | Sliding Fee Scale; | | | |
| Flowers, LaRhonda | Restore Rebuild Reconnect Counseling Center LLC | 1941 S.42nd street Suite 523 Omaha NB 68105 | (402)917-1054 | |
| | | aluations; Adult Non-Residential Services Intervention/Education; A nt - Individual; Adult Non-Residential Services Intensive Outpatient | | Services Outpatient - |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpati | ent Therapy - Co-occu | rring; Assessment: |
| Other Services: | Fie-fieathent Assessment (Meuicaid), Assessin | | | |
| Francke, Jennifer | Jennifer Francke Psychotherapy LLC | 11907 Arbor St Suite G Omaha NB 68144 | (402)319-3016 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Co-Occurring Treatment | aluations; Adult Non-Residential Services Outpatient - Individual; A | dult Non-Residential S | ervices Outpatient - |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Frenzen, Jessica | Clearwater Counseling | 7701 Pacific St Ste 100A Omaha NB 68114 | (308)210-8487 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Ad t - Individual; Adult Non-Residential Services Outpatient - Co-Occ Non-Residential Services Outpatient - Groups; Juvenile Non-Resi Juvenile Non-Residential Services Outpatient - Co-Occurring Trea | urring Treatment; Juve dential Services Outpa | nile Assessment |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Health; Outpat der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatme | | |
| Other Services: | Occurring | | | |
| Gaines, Denise | Carole's House of Hope | 7815 Harney St Omaha NB 68114 | (402)991-4673 | (402)596-1768 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; nt - Individual; Adult Non-Residential Services Outpatient - Co-Oct | | Services Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Garcia, Mary | Abounding Peace Counseling LLC | 1410 E Gold Coast Rd Ste 400 Papillion NB 68046 | (402)480-7387 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | Outpatient Therapy | | |
| Other Services: | Sliding Fee Scale; | | | |
| Gard, Gary | GG Enterprises | 10040 Regency Circle Ste 250 Omaha NB 68114 | (402)393-5432 | (402)393-0220 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Adults who Sexually Harm Evaluation; Psychological | Evaluation; Outpatient | Therapy |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive Out | utpatient Therapy including Family Sessions-Mental Health; Outpa patient: Intensive Outpatient Therapy-Mental Health; Intensive Out t Assessment (Medicaid); Assessment: Mental Status Exam (MSE) Assessment: Assessment: Co-Occurring | patient: Intensive Outp | atient Therapy-Youth |
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| Name | Agency | Address | Phone | Fax |
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| Giles, Nicholas | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Individual; / | | |
| Mental Health Services: | | Treatment Assessment (bio-psychosocial); Co-Occurring; Adults wh | o Sexually Harm Eva | luation; Psychologica |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S Health; Intensive Outpatient: Intensive Outpatient | utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpat t Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensive aid); Assessment: Mental Status Exam (MSE); Assessment: Psycho | ient: Intensive Outpat e Outpatient Therapy- | ient Therapy-Mental Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Gilfillan, Dameon | | 2109 S 24th St Lincoln NB 68502 | (402)346-0902 | (402)342-5290 |
| Substance Abuse Services: 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; A nt - Family; Adult Non-Residential Services Outpatient - Individual; , ices Substance Abuse Evaluations; Juvenile Non-Residential Servic le Non-Residential Services Outpatient - Family; Juvenile Non-Residential patient Treatment | Adult Non-Residential ces Intervention/Educ | Services Intensive ation; Juvenile Non- |
| | Non-Treatment: General Education Class | | | |
| | Sliding Fee Scale; | | | |
| | | | | |
| Gilfillan, Jody | | 2109 S 24th St Lincoln NB 68502 | (402)601-4289 | (402)475-7541 |
| | | aluations; Adult Non-Residential Services Intervention/Education; A | dult Non-Residential | () |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | | dult Non-Residential | () |
| | Groups; Adult Non-Residential Services Outpatie Outpatient Therapy | aluations; Adult Non-Residential Services Intervention/Education; A | dult Non-Residential | () |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Therapy | aluations; Adult Non-Residential Services Intervention/Education; A | dult Non-Residential | () |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Therapy | aluations; Adult Non-Residential Services Intervention/Education; A | dult Non-Residential | () |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Gilroy, Helen | Groups; Adult Non-Residential Services Outpatie Outpatient Therapy Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Intervention/Education; A nt - Individual; Adult Non-Residential Services Intensive Outpatient 8031 West Center Rd Suite 307 Omaha NB 68124 aluations; Adult Non-Residential Services Intervention/Education; A | dult Non-Residential S Treatment (402)708-3127 | Services Outpatient - |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Gilroy, Helen Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Therapy | aluations; Adult Non-Residential Services Intervention/Education; A nt - Individual; Adult Non-Residential Services Intensive Outpatient 8031 West Center Rd Suite 307 Omaha NB 68124 aluations; Adult Non-Residential Services Intervention/Education; A tient - Co-Occurring Treatment | dult Non-Residential S Treatment (402)708-3127 | Services Outpatient - |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Gilroy, Helen Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Therapy Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Pre-Treatment Assessment (bio-psychosocial); C | aluations; Adult Non-Residential Services Intervention/Education; A nt - Individual; Adult Non-Residential Services Intensive Outpatient 8031 West Center Rd Suite 307 Omaha NB 68124 aluations; Adult Non-Residential Services Intervention/Education; A tient - Co-Occurring Treatment | dult Non-Residential S Treatment (402)708-3127 | Services Outpatient - |

| Name | Agency | Address | Phone | Fax |
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| Gilroy, Helen | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)708-3127 | (402)964-2093 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occur | | rvices Outpatient - |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | ing meannent | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Goodwin, Lori | Spence Counseling | 12035 Q St. Omaha NB 68137 | (402)991-0611 | (402)991-6228 |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential Se Services Outpatient - Co-Occurring Treatment | raluations; Adult Non-Residential Services Intervention/Education; Adult Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Invices Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Outpatient Non-Residential Services Care Monitoring SA/MH ervices Outpatient - Family; Juvenile Non-Residential Services | Family; Adult Non-Re prvices Substance Al ; Juvenile Non-Resid | esidential Services ouse Evaluations; dential Services |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment curring | | |
| Other Services: | | | | |
| Green, Faith | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)339-2544 | |
| 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 Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: General Education Class; Outpat | | dult Non-Residential vices Intervention/Ec Residential Services g Group Sessions-W | Services Outpatient ducation; Juvenile Outpatient - Individua lental Health; |
| Other Services: | Sliding Fee Scale; | | | |
| Gunther-Lehman, Brittany | Brave Resilience Counseling LLC | 6716 S 148th Circle Omaha NB 68137 | (402)819-8047 | (402)625-0664 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ac int - Individual; Adult Non-Residential Services Outpatient - Co-Occu | | Services Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|--------------------------------------|
| 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 | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health g; Assessment: Pre-Treatment Assessment (Medicaid); Ass | | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | sessment. Co-Occurning | |
| Hamilton, Teresa | Hamilton Behavioral Health Services | 203 W 29th Ave #6 Bellevue NB 68005 | (402)639-0435 | |
| | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Outpatient - Gro ht - Individual; Adult Non-Residential Services Outpatient - Non-Residential Services Outpatient - Groups; Juvenile No Juvenile Non-Residential Services Outpatient - Co-Occurri | Co-Occurring Treatment; Juvenil on-Residential Services Outpatie | e Assessment nt - Family; Juvenil |
| | Pre-Treatment Assessment (bio-psychosocial); C | 5, T T | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health urring; Assessment: Pre-Treatment Assessment (Medicaid | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hamilton, Teresa | Wiles Counseling & Assessment, Inc. | 7551 Main St., Ste 250 Ralston NB 68127 | (402)639-0435 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | raluations; Adult Non-Residential Services Outpatient - Gro tient - Co-Occurring Treatment; Juvenile Assessment Servi le Non-Residential Services Outpatient - Individual; Juvenil | ices Substance Abuse Evaluation | ns; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health g; Assessment: Pre-Treatment Assessment (Medicaid) | ; Outpatient Therapy including Fa | amily Sessions- |
| Other Services: | | | | |
| Hancock, Katelynn | Valley Hope | 7703 Serum Ave Omaha NB 68127 | (402)991-8824 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Hansen, Mandy | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)537-7051 | |
| Substance Abuse Services: | | Evaluations; Juvenile Non-Residential Services Outpatient - Groups rvices Outpatient - Individual; Juvenile Non-Residential Services Out | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatie ;; Assessment: Pre-Treatment Assessment (Medicaid); Assessment | | Family Sessions- |
| Harmes, Eric | Wellspring Behavioral Health | 1600 S. 70th Street Suite 200 Lincoln NB 68506 | (402)318-3787 | (402)939-0437 |
| Substance Abuse Services: | | | () | · · · · |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hart, Jill | Lutheran Family Services of NE Inc | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)292-9105 | |
| | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Groups; Adul tient - Co-Occurring Treatment | t Non-Residential Se | rvices Outpatient - |
| Mental Health Services: | | | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy - Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Harvey, Alexandra | Community Options Individual and Family Services LLC | 1941 S. 42nd St. Suite 134 Omaha NB 68105 | (308)293-1265 | |
| Substance Abuse Services: | | | | |
| | Pre-Treatment Assessment (bio-psychosocial); O | | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; O Assessment: Pre-Treatment Assessment (Medica | utpatient Therapy - Individual-Mental Health; Outpatient Therapy inc aid); Assessment: Mental Status Exam (MSE) | luding Family Sessio | ns-Mental Health; |
| Other Services: | | | | |
| Hatcher, Julie | Alegent Health | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130 | (402)758-5884 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Intervention/Education; Juvenile Non-Res idividual; Juvenile Non-Residential Services Outpatient - Co-Occurring e Residential Services Therapeutic Community or Therapeutic Group | ring Treatment; Juve idential Services Out ng Treatment; Juveni | nile Assessment patient - Family; |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | Putpatient Therapy | | |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health; Outpatie urring; Therapeutic Group Home-Co-Occurring; Assessment: Pre-Tr | | urring; Intensive |

| Name | Agency | Address | Phone | Fax |
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| | Assessment (Medicaid); Assessment: Co-Occu | urring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Hay-Holen, Patricia | MT Counseling | 1023 N 205th St Elkhorn NB 68022 | (308)455-0145 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Hayes, Jill | | 10840 Old Mill Road, Suite 300 Omaha NB 6815 | 4 (402)321-2624 | |
| | Groups; Adult Non-Residential Services Outpa Co-Occurring Treatment; Adult Non-Residential Residential Services Short Term Residential; J Intervention/Education; Juvenile Non-Resident | | ndividual; Adult Non-Residential Se I Services Dual Residential (MH/S ;; Juvenile Non-Residential Service Services Outpatient - Family; Juver | ervices Outpatient A); Adult es nile Non-Residentia |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurr | Outpatient Therapy including Group Sessions-Mental Health ing; Intensive Outpatient: Intensive Outpatient Therapy-Men eatment-Mental Health; Day Treatment: Day Treatment - Co- | tal Health; Intensive Outpatient: In | tensive Outpatient |
| Other Services: | | | | |
| Hebrank, Ida-Marie | IM Hebrank Psychotherapy LLC | 1406 Fort Crook Rd S Ste 401 Bellevue NB 6800 | 5 (402)541-9698 | |
| | | Evaluations; Adult Non-Residential Services Intervention/Ed ient - Individual; Adult Non-Residential Services Outpatient - ; Co-Occurring; Outpatient Therapy | | vices Outpatient - |
| Hernandez, Antonieta | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | ; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; | Outpatient Therapy including Family Sessions-Mental Healt | h | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Hickey, Melina | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8522 | |
| Substance Abuse Services: | Adult Residential Services Therapeutic Communi Residential | ty; Juvenile Residential Services Halfway-House or SA Group Home | ; Juvenile Residentia | I 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-Occ | urring | |
| Other Services: | Sliding Fee Scale; | | | |
| Hicks-Kalvinek, Joyce | Educate 2 Eliminate LLC | 118 W Deer Lane Plattsmouth NB 68048 | (402)490-5759 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential vices Intervention/Ec | Services Outpatient - lucation; Juvenile |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien | nt Therapy including | Family Sessions- |
| Other Services: | wontar reality, expansion merapy to boothing | | | |
| Higgins, Joy | Collaborative Industries Inc | 5701 Thompson Creek Blvd Ste 200 Lincoln NB 68516 | (712)242-0533 | (712)242-0534 |
| Substance Abuse Services: | | cation; Adult Non-Residential Services Outpatient - Groups; Adult Nor idual; Adult Non-Residential Services Outpatient - Co-Occurring Trea | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Hearing Impaired; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | al Evaluation; Assess | ment: Juvenile Who |
| Other Services: | | | | |
| Hughbanks, Sharon | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5454 | (402)715-5452 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Outpatient Treatment; Adult Residential Services | aluations; Adult Non-Residential Services Outpatient - Individual; Adu Short Term Residential | ult Non-Residential S | services Intensive |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica | aid); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| 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 | valuations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential S es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile s Outpatient - Family; |
| Mental Health Services: | | eterent Anne Management Class, Outratient Therew, Individual A | | |
| Juvenile Services: | | eatment: Anger Management Class; Outpatient Therapy - Individual-M apy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy | | |
| 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; Adult ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juveni ntial Services Outpation | ile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien | nt Therapy including F | amily Sessions- |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | der; Assessment: Pre-Treatment Assessment (Medicaid) | | |
| Jauriqui , Melissa | MAK Development (Michael's House) | 6607 Maple St Omaha NB 68104 | (402)415-5112 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Johnson, Jill | Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)261-6667 | (402)261-6526 |
| Mental Health 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 Pre-Treatment Assessment (bio-psychosocial); C | valuations; Adult Non-Residential Services Outpatient - Groups; Adult ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient esidential Services Outpatient - Co-Occurring Treatment; Juvenile Non- Co-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatier | ing Treatment; Adult I Residential Services tpatient - Family; Juve n-Residential Services | Non-Residential enile Non-Residential s Intensive |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Jutpatient g; Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | Intensive Outpatient: I | ntensive Outpatient |

| Name | Agency | Address | Phone Fax |
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| Other Services: | Sliding Fee Scale; | | |
| Jones, China | F.R.O.G. Transitional Living | 1714 Sahler Omaha NB 68110 | (402)505-1864 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 |
| | Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatmen Sliding Fee Scale; | t: General Education Class | |
| Jones, Kimberly | Eastern Nebraska Community Action Partnership Inc | 2406 Fowler Avenue Omaha NB 68111 | (402)453-5656 |
| | Groups; Adult Non-Residential Services Outpar Co-Occurring Treatment; Juvenile Assessment | | Individual; Adult Non-Residential Services Outpatien sidential Services Intervention/Education; Juvenile |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; | Outpatient Therapy including Group Sessions-Mental Heal order; Outpatient Therapy - Co-occurring; Assessment: Pro | |
| Joseph, Paige | Heartland Family Service | 4847 Sahler Omaha NB 68104 | (402)800-3268 |
| Mental Health Services: Juvenile Services: | | Evaluations; Adult Non-Residential Services Intervention/E ient - Individual; Adult Non-Residential Services Outpatient Co-Occurring; Outpatient Therapy | |

| LLC Control Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Therapy Juvenile Services: Outpatient Therapy - Individual; Ausenile Non-Residential Services Outpatient Therapy Juvenile Services: Outpatient Therapy - Individual; Assessment (PTA); Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Juvenile Services: Outpatient Therapy - Individual; Assessment (Medicaid); Assessment: Mental Status Exam (MSE) Other Services: Mid-Plains Center for Behavioral 914 Baumann Dr Grand Island NB 68803 (308)385-5250 Substance Abuse Services: Mental Health Services: Outpatient Therapy Juvenile Services: Kimmerling, Katherine The Bridge Behavioral Health Inc 721 K St. Lincoln NB 68508 (402)477-3951 (402)477-3951 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Adult Non-Residential Services | Name | Agency | Address | Phone | Fax |
|--|---------------------------|---|--|--|---|
| Individual; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient Therapy - Co-occurring; Outpatient Therapy - Co-occurring; Assessment (Services) Curpatient - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring; Assessment Services; Bingual Services; Cother Services; Bingual Services; Cother Services; Bingual Services; Cother Services; Bingual Services; Cother Ser | Kaipust, Jamie | | 8031 West Center Road Suite 210 Omaha NB 68124 | (402)990-7362 | (402)763-8915 |
| Juvenile Services: Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring; Assess Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE) Other Services: Mental Health Services: Mental Health Services: Mental Health Services: Mental Health Services: Other Services: Mental Health Services: Mental Health Services: Mental Health Services: Mental Health Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient Treatment; Juvenile 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 - Services Outpatient - Co-Occurring Treatment, Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Reside | Substance Abuse Services: | Individual; Juvenile Assessment Services Substa | | | |
| Pre-Treatment Assessment (Medicaid): Assessment: Mental Status Exam (MSE) Other Services: Keezer, Chad Mid-Plains Center for Behavioral 914 Baumann Dr Grand Island NB 68803 (308)385-5250 Healthcare Inc Substance Abuse Services: Mental Health Services: Other Services: Other Services: Kimmerling, Katherine The Bridge Behavioral Health Inc 721 K St. Lincoln NB 68508 (402)477-3951 (402)477-3951 (402)477-3951 (402)477-3951 (402)477-3951 (402)477-3951 (402)477-3951 (402)477-3951 (402)477-3951 (402)477-3951 (402)477-3951 (402)477-3951 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient Treatment; Juvenile Assessment Services Outpatient Teaminy: Adult Non-Residential Services Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient Teatment; Juvenile Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient Teatment; Juvenile Assessment Services Outpatient Treatment; Juvenile Non-Residential Services Outpatient Teatment; Adult Non-Residential Services Outpatient Teatment; Juvenile Non-Residential Services Outpatient Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient Services Outpatient Teatment; Juvenile Non-Residential Services Outpatient Services Outpatient Teatment; Juvenile Non-Residential Services Outpatient Services Outpatient Teatment; | Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre-T | Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient | Therapy | |
| Keezer, Chad Mid-Plains Center for Behavioral Healthcare Inc 914 Baumann Dr. Grand Island NB 68803 (308)385-5250 Substance Abuse Services: Mental Health Services: Outpatient Therapy Juvenile Services: 402)477-3951 (402)477-39 | | Pre-Treatment Assessment (Medicaid); Assessm | | nt Therapy - Co-occu | urring; Assessment: |
| Healthcare Inc Substance Abuse Services: Mental Health Services: Outpatient Therapy Juvenile Services: Outpatient Therapy Juvenile Services: Mental Health Services: Other Services: (402)477-3951 | Other Services: | Bilingual Services; | | | |
| Mental Health Services: Outpatient Therapy Juvenile Services: Other Services: Kimmerling, Katherine The Bridge Behavioral Health Inc 721 K St. Lincoln NB 68508 (402)477-3951 (402)477-3951 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - S217 S 28th St Ornaha NB 68107 (402)715-559 (402)715-559 Substance Abuse Services: Substance Abuse Services: Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | Keezer, Chad | | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Juvenile Services: Other Services: Kimmerling, Katherine The Bridge Behavioral Health Inc 721 K St. Lincoln NB 68508 (402)477-3951 (402)477-3951 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Unvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Unvenile Non-Residential Services Outpatient - Unvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Services Substance Abuse Services Yet Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Services Substance Abuse Services Yet Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Groups; Adult Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Juvenile Non-Resid | Substance Abuse Services: | | | | |
| Kimmerling, Katherine The Bridge Behavioral Health Inc. 721 K St. Lincoln NB 68508 (402)477-3951 (402)477-3951 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Services Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Services Outpatient - Services Mental Health Services: Stephen Center 5217 S 28th St Omaha NB 68107 (402)715-5459 | Mental Health Services: | Outpatient Therapy | | | |
| Kimmerling, Katherine The Bridge Behavioral Health Inc 721 K St. Lincoln NB 68508 (402)477-3951 (402)477-3951 (402)477-3951 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family: Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - S217 S 28th St Omaha NB 68107 (402)715-5459 (402)715-559 Substance Abuse Services: Stephen Center 5217 S 28th St Omaha NB 68107 (402) Von-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatie | Juvenile 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 - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Services Outpatient - Services Outpatient - Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Services Outpatient - Services | Other Services: | | | | |
| Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intensive Outpatient Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - S217 S 28th St Omaha NB 68107 (402)715-5459 (402)715-5 Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Residential Services Outpatient - Residential Services Outpatient - Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Cutpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Co-Occurring Treat | Kimmerling, Katherine | The Bridge Behavioral Health Inc | 721 K St. Lincoln NB 68508 | (402)477-3951 | (402)477-3922 |
| Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Juvenile Services: Sliding Fee Scale; Koch, Lori Stephen Center 5217 S 28th St Omaha NB 68107 (402)715-5459 (402)715-5 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; Adult Non-Residential Services Substance Abuse Substance Abuse Substance Abuse Evaluations; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Outpatient - Groups; Juvenile Non-Residential Services Intensive Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Therapy Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Juvenile Services: Outpatient Therapy - Co-occurring; Intensive Outpatient Therapy-Co-occurring Mental Health Services: Outpatient Therapy - Co-occurring; Intensive Outpatient Therapy-Co-occurrin | Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In | nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient Evaluations; Juvenil es Outpatient - Family |
| Other Services: Sliding Fee Scale; Koch, Lori Stephen Center 5217 S 28th St Omaha NB 68107 (402)715-5459 (402)715-5 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 - Go-Occurring Treatment; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient - Co-Occurring; Outpatient Therapy | Mental Health Services: | | o-Occurring; Outpatient Therapy | | |
| Koch, LoriStephen Center5217 S 28th StOmaha NB 68107(402)715-5459(402)7 | Juvenile Services: | | | | |
| Substance Abuse Services: Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Care Monitoring SA/MH; Adult Non-Residential Services Out Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Substance Abuse Evaluations; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Care Monitoring SA/MH; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Intensive Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy-Co-occurring Juvenile Services: Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring | Other Services: | Sliding Fee Scale; | | | |
| Groups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outp 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 Mon 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 - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Outpatient - Individual; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential Services Intensive Outpatient Treatment Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Juvenile Services: Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring | Koch, Lori | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5459 | (402)715-5452 |
| Mental Health Services: Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Juvenile Services: Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring | Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Residential Services Short Term Residential; Juv SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juveni | nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services D enile Assessment Services Substance Abuse Evaluations; Juvenile N atient - Groups; Juvenile Non-Residential Services Outpatient - Family | dult Non-Residential Dual Residential (MH Non-Residential Serv y; Juvenile Non-Resi | Services Outpatient /SA); Adult vices Care Monitoring dential Services |
| Juvenile Services: Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring | Mental Health Services: | | o-Occurring; Outpatient Therapy | | |
| | | | | | |
| | | | | | |

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|--|
| 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: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenil | valuations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- amily; Juvenile Non-Residential Services Outpatient - Individual; Juve | ing Treatment; Adult Residential Services | Non-Residential Outpatient - Groups |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Sessions-Mental Health; Assessment: Pre-Treat | eatment: Mentoring; Outpatient Therapy - Individual-Mental Health; O ment Assessment (Medicaid); Assessment: Mental Status Exam (MS | | luding Family |
| Other Services: | Bilingual Services; | | | |
| 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 | valuations; Adult Non-Residential Services Outpatient - Individual; Juv | venile Assessment S | ervices Substance |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy - Co-occurring | | |
| Other Services: | | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | valuations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Ion-Residential Services Partial Care; Adult Residential Services Dua I Services Short Term Residential | ing Treatment; Adult | Non-Residential |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Outpatien | t Therapy | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Disc Outpatient Therapy-Youth Who Sexually Harm; I | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental H order; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment | ealth; Outpatient The t | erapy - Youth Who ent: Intensive |

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Kusek, Alice | Carole's House of Hope | 7815 Harney St Omaha NB 68114 | (402)991-4673 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Lanning, Krystal | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)553-3000 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evalua | tions | |
| | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Larson, Alee | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)614-8444 | |
| | Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential Se Services Outpatient - Co-Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C | | H; Juvenile Non-Resid patient - Individual; Juv | ential Services enile Non-Residentia |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; Or Mental Status Exam (MSE) | utpatient Therapy including Group Sessions-Mental Health; Outpati | ent Therapy - Co-occu | rring; Assessment: |
| Larson, Bridget | Larson Psychology Services LLC | 2730 S 87th Ave Omaha NB 68124 | (402)331-8085 | |
| Substance Abuse Services: | | | | |
| | Adults who Sexually Harm Evaluation; Psycholog | | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Assessment: Psychological Evaluation | Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | Outpatient Psychiatric | Evaluation; |
| Other Services: | | | | |
| | | | | |
| Laufenberg , James | | 11069 I Street Omaha NB 68137 | (402)290-2602 | (888)507-5931 |
| | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Occ Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Intervention; Juvenile Non-Residentia Services Intervention; Juvenile Non-Residentia Service | Adult Non-Residential S urring Treatment; Juve | Services Outpatient - nile Assessment |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - C Pre-Treatment Assessment (bio-psychosocial); C | aluations; Adult Non-Residential Services Intervention/Education; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Occ Non-Residential Services Intervention/Education; Juvenile Non-Re o-Occurring Treatment | Adult Non-Residential S urring Treatment; Juve sidential Services Out | Services Outpatient - nile Assessment patient - Individual; |

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

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | |
| Leddy, Kayla | Clearwater Counseling | 7701 Pacific St Ste 100A Omaha NB 68114 | (308)210-8487 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpat Co-Occurring Treatment; Juvenile Assessment | Evaluations; Adult Non-Residential Services Intervention/Educat ient - Family; Adult Non-Residential Services Outpatient - Indivi Services Substance Abuse Evaluations; Juvenile Non-Residen Juvenile Non-Residential Services Outpatient - Family; Juvenile Co-Occurring Treatment | dual; Adult Non-Residential S tial Services Intervention/Edu | ervices Outpatient cation; Juvenile |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; | Assessment: Mental Status Exam (MSE) | | |
| Other Services: | Sliding Fee Scale; | | | |
| Lemen, Jason | Lutheran Family Services of NE Inc | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)292-9105 | |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpat Co-Occurring Treatment; Adult Non-Residentia Pre-Treatment Assessment (bio-psychosocial); | | , | |
| Liester, Courtney | Courtney Liester LLC | 7905 L St Suite 410 Omaha NB 68127 | (402)577-0173 | |
| | | Evaluations; Adult Non-Residential Services Outpatient - Family tance Abuse Evaluations; Juvenile Non-Residential Services O Co-Occurring: Outpatient Therapy | | |
| | | Outpatient Therapy including Family Sessions-Mental Health; O | Outpatient Therapy - Co-occur | ring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Lindner, Jennifer | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; | Outpatient Therapy including Family Sessions-Mental Health | | |
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Other Services:

| Name | Agency | Address | Phone | Fax |
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| Louderback, Thomas | Vallev Hope | 7703 Serum Ave, Omaha NB 68127 | (402)991-8824 | |
| | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment | Adult Non-Residential | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Mackey, Kimberly | Boys Town | 14092 Hospital Rd Boys Town NB 68010 | (531)355-5409 | (531)355-5499 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adu t - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Juvenile Non-Residential Services Outpatient - Co-Occurring Trea | urring Treatment; Juve dential Services Outpa | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | Putpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Assessment: Pre-Treatment Assessment (Medica | utpatient Therapy including Family Sessions-Mental Health; Psychi | atric Residential Treat | ment Facility; |
| Other Services: | Sliding Fee Scale; | | | |
| Mahnke, Ryan | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)214-9254 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva | aluations; Adult Non-Residential Services Outpatient - Groups; Adu | ult Non-Residential Se | vices Outpatient - |
| | | | | |
| Mental Health Services: | | | | |
| Mental Health Services: Juvenile Services: | | | | |
| | | | | |
| Juvenile Services: | | 2126 N 117th Ave Omaha NB 68164 | (402)403-5134 | |
| Juvenile Services: Other Services: Manning, Tia | Outpatient Therapy Wholehearted Therapy Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Groups; Adutient - Co-Occurring Treatment; Juvenile Non-Residential Services | ult Non-Residential Se Outpatient - Groups; J | |
| Juvenile Services: Other Services: Manning, Tia Substance Abuse Services: | Outpatient Therapy Wholehearted Therapy Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Groups; Adu tient - Co-Occurring Treatment; Juvenile Non-Residential Services nile Non-Residential Services Outpatient - Co-Occurring Treatmen | ult Non-Residential Se Outpatient - Groups; J | |
| Juvenile Services: Other Services: Manning, Tia Substance Abuse Services: | Outpatient Therapy Wholehearted Therapy Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Individual; Juve | aluations; Adult Non-Residential Services Outpatient - Groups; Adu tient - Co-Occurring Treatment; Juvenile Non-Residential Services nile Non-Residential Services Outpatient - Co-Occurring Treatmen | ult Non-Residential Se Outpatient - Groups; J | |
| Juvenile Services: Other Services: Manning, Tia Substance Abuse Services: Mental Health Services: | Outpatient Therapy Wholehearted Therapy Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Individual; Juve | aluations; Adult Non-Residential Services Outpatient - Groups; Adu tient - Co-Occurring Treatment; Juvenile Non-Residential Services nile Non-Residential Services Outpatient - Co-Occurring Treatmen | ult Non-Residential Se Outpatient - Groups; J | |
| Juvenile Services: Other Services: Manning, Tia Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy Wholehearted Therapy Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Individual; Juve | aluations; Adult Non-Residential Services Outpatient - Groups; Adu tient - Co-Occurring Treatment; Juvenile Non-Residential Services nile Non-Residential Services Outpatient - Co-Occurring Treatmen | ult Non-Residential Se Outpatient - Groups; J | |
| Juvenile Services: Other Services: Manning, Tia Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Marquez, Longfellow | Outpatient Therapy Wholehearted Therapy Adult Assessment Services Substance Abuse Ex- Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Individual; Juve Pre-Treatment Assessment (bio-psychosocial); C Adult Emergency Services Social Detox; Adult As Adult Non-Residential Services Outpatient - Grou | aluations; Adult Non-Residential Services Outpatient - Groups; Adu tient - Co-Occurring Treatment; Juvenile Non-Residential Services nile Non-Residential Services Outpatient - Co-Occurring Treatmen to-Occurring; Outpatient Therapy | ult Non-Residential Se Outpatient - Groups; J t (402)798-1908 idential Services Interv | uvenile Non- |
| Juvenile Services: Other Services: Manning, Tia Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Marquez, Longfellow Substance Abuse Services: | Outpatient Therapy Wholehearted Therapy Adult Assessment Services Substance Abuse Ex- Individual; Adult Non-Residential Services Outpat Residential Services Outpatient - Individual; Juve Pre-Treatment Assessment (bio-psychosocial); C | aluations; Adult Non-Residential Services Outpatient - Groups; Adu tient - Co-Occurring Treatment; Juvenile Non-Residential Services nile Non-Residential Services Outpatient - Co-Occurring Treatmen to-Occurring; Outpatient Therapy 11452 Mercury St Papillion NB 68046 essessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Individual; Adult N | ult Non-Residential Se Outpatient - Groups; J t (402)798-1908 idential Services Interv | uvenile Non- |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Bilingual Services; | | | |
| Mathouser, Tobi | Goodwill Industries Omaha | 4805 N 72nd St Omaha NB 68134 | (402)231-1972 | |
| Substance Abuse Services: Mental Health Services: | | | | |
| Juvenile Services: | | | | |
| Other Services: | Hearing Impaired; Bilingual Services; | | | |
| McCaghy, Peggy | Capstone Behavioral Health | 1941 S. 42nd St. STE 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| | Pre-Treatment Assessment (bio-psychosocial); F | | | |
| | (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assess (SE); Assessment: Psychological Evaluation | sment: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| McClain, Rodric | Rodric McClain Counseling Services | 14119 Seward St Omaha NB 68154 | (580)647-5866 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | Adult Non-Residentia ervices Intervention/E | l Services Outpatient ducation; Juvenile |
| | Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: General Education Class: Non-T | reatment: Mentoring; Outpatient Therapy - Individual-Mental Health | Outpatient Therapy | including Group |
| | Sessions-Mental Health; Outpatient Therapy incl | uding Family Sessions-Mental Health; Assessment: Co-Occurring | i, outputont morapy | molading Croup |
| Other Services: | | | | |
| McDonald, Katie | Alliance Counseling Center LLP | 11920 Burt St Suite 190 Omaha NB 68154 | (402)965-4004 | (402)932-3557 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Outpatient Treatment | valuations; Adult Non-Residential Services Outpatient - Individual; A | dult Non-Residential | Services Intensive |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| McGuire, Zach | Murphy's Turning Point | 1110 N 31st Ave Omaha NB 68131 | (402)598-8639 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| McGuire, Zach | The Cynthia House LLC | 3119 Myrtle Ave Omaha NB 68131 | (402)598-8639 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| McNeil, Tasha | Our Square LLC | 4407 N 61st Omaha NB 68104 | (402)415-9217 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: Juvenile Services: | 1 19 | | | |
| Other Services: | | | | |
| McNichols, Stephanie | | 4701 Van Dorn Suite B Lincoln NB 68506 | (402)440-6496 | |
| | Groups; Adult Non-Residential Services O Co-Occurring Treatment; Adult Non-Resid Non-Residential Services Intervention/Edu | use Evaluations; Adult Non-Residential Services Intervention/Edu putpatient - Family; Adult Non-Residential Services Outpatient - Inc lential Services Intensive Outpatient Treatment; Juvenile Assessm ucation; Juvenile Non-Residential Services Outpatient - Groups; Ju ient - Individual; Juvenile Non-Residential Services Outpatient - Co ocial); Co-Occurring; Outpatient Therapy | dividual; Adult Non-Residential S ent Services Substance Abuse E uvenile Non-Residential Services | ervices Outpatient Evaluations; Juveni Outpatient - Famil |
| | | alth; Outpatient Therapy including Group Sessions-Mental Health; | ; Outpatient Therapy including Fa | amily Sessions- |
| Other Services: | Sliding Fee Scale; | , , , , , , , , , , , , , , , , , , , | | |
| Meckna, Shy | Breaking Sad LLC | 7005 N 88th Street Omaha NB 68122 | (402)517-5199 | |
| | Monitoring SA/MH; Adult Non-Residential Outpatient - Co-Occurring Treatment | use Evaluations; Adult Non-Residential Services Intervention/Edu Services Outpatient - Family; Adult Non-Residential Services Outp | | |
| | Pre-Treatment Assessment (bio-psychoso | cial); Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: Other Services: | Sliding Fee Scale; | | | |
| | - | | | |
| Meckna, Shy | Douglas County Community Mental H Center | lealth 4102 Woolworth Ave Omaha NB 68105 | (402)599-2710 (| (402)599-2562 |
| Substance Abuse Services: | | use Evaluations; Adult Non-Residential Services Intervention/Edu utpatient - Individual; Adult Non-Residential Services Intensive Out | | ervices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychoso | | ipaneni ricanneni | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Mejia, Blanca | Generation Diamond Corporation | 4825 S 25th St Suite 100 Omaha NB 68107 | (402)813-7153 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Bilingual Services; | | | |
| Mertes, Courtney | | 268 N. 115th Street, Ste 1 Omaha NB 68154 | (402)590-8766 | (402)838-7248 |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outp Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education | e Evaluations; Adult Non-Residential Services Intervention/Educ batient - Family; Adult Non-Residential Services Outpatient - Indi tial Services Intensive Outpatient Treatment; Juvenile Assessme tion; Juvenile Non-Residential Services Outpatient - Groups; Juv t - Individual; Juvenile Non-Residential Services Outpatient - Co- II); Co-Occurring; Outpatient Therapy | vidual; Adult Non-Residential nt Services Substance Abus venile Non-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Juvenile Services: Other Services: | Mental Health; Outpatient Therapy - Co-occu Therapy-Co-occurring; Assessment: Pre-Trea | n; Outpatient Therapy including Group Sessions-Mental Health; (rring; Intensive Outpatient: Intensive Outpatient Therapy-Mental atment Assessment (Medicaid); Assessment: Mental Status Exa | Health; Intensive Outpatient: | Intensive Outpatient |
| Metoyer, Shaun | B.A.M.B. LLC | 1847 N 17th St Omaha NB 68110 | (402)957-5290 | |
| Substance Abuse Services: Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: Other Services: | | | | |
| Miller, Stacey | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)413-1420 | |
| | Groups; Adult Non-Residential Services Outp Co-Occurring Treatment; Juvenile Assessme Non-Residential Services Outpatient - Groups Juvenile Non-Residential Services Outpatient | 0 | vidual; Adult Non-Residential ntial Services Intervention/Ec | Services Outpatient ducation; Juvenile |
| | | I); Co-Occurring; Psychological Evaluation; Outpatient Therapy | adicial Mantel Deville Ori | |
| Juvenile Services: | including Group Sessions-Mental Health; Out | Ion-Treatment: General Education Class; Outpatient Therapy - In tpatient Therapy including Family Sessions-Mental Health; Outpate eatment Assessment (Medicaid); Assessment: Mental Status Ex | atient Therapy - Eating Disor | der; Outpatient |
| Other Services: | - | | | |

| Neme | A | Address | Dhana | Fev |
|---------------------------------------|---|---|--|--|
| Name | Agency | Address | Phone | Fax |
| Moreno, Dominique | Moreno Therapy P.C., LLC | 2620 N 132nd Ave Omaha NB 68164 | (402)660-9555 | |
| 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: | Co-Occurring | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier | t Therapy - Co-occu | irring; Assessment: |
| Other Services: | | | | |
| Moreno, Dominique | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)590-2947 | (402)590-2030 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult I tient - Co-Occurring Treatment; Juvenile Assessment Services Subst e Non-Residential Services Outpatient - Individual; Juvenile Non-Resi | ance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occi | urring; Assessment: |
| Other Services: | • | | | |
| Morton, Crystal | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)397-9866 | (402)397-1404 |
| Mental Health Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C | | ing Treatment; Juve ntial Services Outpa ent; Juvenile Non-R | nile Assessment tient - Family; Juvenil |
| Juvenile Services: Other Services: | - | utpatient Therapy - Individual-Mental Health; Outpatient Therapy - Ea | ating Disorder | |
| Morton, Jamal | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5446 | (402)715-5452 |
| | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Residential Services Short Term Residential | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri esidential Services Dual Residential (MH/SA); Adult Residential Serv | ing Treatment; Adult | Non-Residential |
| | Co-Occurring; Outpatient Therapy | | | |
| | Assessment: Pre-Treatment Assessment (Medica | aru), Assessment: Co-Occurring | | |
| Other Services. | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---------------------|
| Nastase, Jill | Valley Hope | 7703 Serum Ave Omaha NB 68127 | (402)991-8824 | (402)991-3486 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Neise, Michael | Paradigm, Inc. | 809 South 174th Street Omaha NB 68118 | (402)991-8093 | (402)505-9726 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | utpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl ental Health; Intensive Outpatient: Intensive Outpatient Therapy-Men | | ns-Mental Health; |
| Other Services: | | | | |
| Neve, Robert | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)612-2516 | (402)614-5447 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | amily; Adult Non-Re | esidential Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | utpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Newring, Kirk | Forensic Behavioral Health | 1410 East Gold Coast Rd Ste 800 Papillion NB 68046 | (402)557-6027 | (402)557-6027 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Youth Who Sexually Harm Evaluation (Y | WSH); Adults who Sexually Harm Evaluation; Psychological Evaluat | ion; Outpatient Ther | ару |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica Who Sexually Harm Risk Assessment | aid); Assessment: Mental Status Exam (MSE); Assessment: Psychological and the state of the second state of the | ogical Evaluation; As | sessment: Juvenile |
| Other Services: | | | | |
| Osborn, Katlynn | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)366-3472 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juve dential Services Out | nile Assessment |
| | Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (Met | utpatient Therapy including Family Sessions-Mental Health; Assessm | ent: Pre-Treatment | Assessment |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; | | | |
| Paine, Mary | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation; EPC | Crisis Center; Outpa | atient Therapy |
| Juvenile Services: Other Services: | Sliding Fee Scale; | | | |
| 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; Ac es Outpatient - Groups; Adult Non-Residential Services Outpatient - I vices Outpatient - Co-Occurring Treatment; Adult Non-Residential S Evaluations; Juvenile Non-Residential Services Intervention/Educati al Services Outpatient - Groups; Juvenile Non-Residential Services C nile Non-Residential Services Outpatient - Co-Occurring Treatment; | Family; Adult Non-Re ervices Intensive Ou on; Juvenile Non-Re Dutpatient - Family; J | esidential Services tpatient Treatment; sidential Services uvenile Non- |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health uding Family Sessions-Mental Health; Outpatient Therapy - Co-occui | | |
| Other Services: | Sliding Fee Scale; Hearing Impaired; | | | |
| 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 t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ring Treatment; Juve ential Services Outpa | nile Assessment |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien | nt Therapy including | Family Sessions- |
| Other Services: | | | | |
| Parsha, Myisha | Omaha Trauma Therapy | 5410 S 99th St Omaha NB 68127 | (531)444-1963 | (531)203-5224 |
| | Individual; Adult Non-Residential Services Outpai Residential Services Outpatient - Family; Juvenile Treatment | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subsi e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | tance Abuse Evaluat | ions; Juvenile Non- |
| | Co-Occurring; Outpatient Therapy | the street The second in shading French, Conscious Mandal Hardth, Order the | | |
| Juvenile Services: | Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatie | пс тпегару - Со-осс | urning; Assessment: |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | | | |
| Pelt, Kamara | Carla Vista Sober Living LLC | 11648 Douglas St Omaha NB 68154 | (480)612-0296 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Perez, Kari | Kari R Perez, PhD, PC | 4565 S 133rd St Omaha NB 68137 | (402)590-2947 | (402)590-2030 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Sexually Harm Evaluation; Psychological Evaluat | nile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment A | ssessment (bio-psy | chosocial); Adults who |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Assessment: Pre-Treatment Assessment (Medica | utpatient Therapy including Family Sessions-Mental Health; Outpatie aid); Assessment: Mental Status Exam (MSE); Assessment: Psycholo | | |
| Other Services: | Who Sexually Harm Risk Assessment | | | |
| Pierce , Elizabeth | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (405)552-7083 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juve ntial Services Outpa | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| Other Convinces | Mental Health; Outpatient Therapy - Co-occurring | g; Assessment: Co-Occurring | | |
| Other Services: | | | | |
| Pope, Michelle | Changes Counseling, LLC | 9374 N St Omaha NB 68127 | (402)669-6204 | (402)939-0666 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi amily; Juvenile Non-Residential Services Outpatient - Individual; Juve | ing Treatment; Juve dential Services Out | nile Assessment tpatient - Groups; |
| Mental Health Services: | | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- | psychosocial); Co-C | Occurring; Outpatient |
| Juvenile Services: | Therapy Non-Treatment: Family Support Worker; Non-Tre including Family Sessions-Mental Health; Outpati (Medicaid); Assessment: Mental Status Exam (M | atment: Intensive Family Preservation; Outpatient Therapy - Individu ient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; As SE) | al-Mental Health; Ou ssessment: Pre-Trea | utpatient Therapy atment Assessment |
| Other Services: | · · · · · · · · · · · · · · · · · · · | | | |

| Name | Agency | Address | Phone | Fax |
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| Poulos, Helen | The Salvation Army, Omaha Area Fund | 3612 Cuming Street Omaha NB 68131 | (402)898-5941 | |
| | | valuations; Adult Non-Residential Services Intervention/E ent - Family; Adult Non-Residential Services Outpatient - Co-Occurring; Outpatient Therapy | | ervices Outpatient - |
| Juvenile Services: Other Services: | | | | |
| Powell, Michelle | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | (402)715-5452 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Edent - Family; Adult Non-Residential Services Outpatient - Services Intensive Outpatient Treatment; Adult Residential Residential Services Short Term Residential | Individual; Adult Non-Residential S | Services Outpatient |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| | Assessment: Pre-Treatment Assessment (Medic | aid); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Pratt, Kimberly | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)554-7204 | |
| Substance Abuse Services: | Adult Non-Residential Services Outpatient - Indiv Intervention/Education; Juvenile Non-Residential | cation; Adult Non-Residential Services Outpatient - Group vidual; Adult Non-Residential Services Outpatient - Co-Oc Services Outpatient - Groups; Juvenile Non-Residential esidential Services Outpatient - Co-Occurring Treatment | ccurring Treatment; Juvenile Non-F | Residential Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Heal g; Assessment: Co-Occurring | th; Outpatient Therapy including F | amily Sessions- |
| Other Services: | | | | |
| Prince, Reginald | Serenity Matters | 3610 Dodge St Suite 105 PO Box 11296 Omaha | NB 68111 (402)830-3890 | (402)905-0011 |
| | Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Se Services Outpatient - Family; Juvenile Non-Resid | valuations; Adult Non-Residential Services Intervention/Ee ent - Family; Adult Non-Residential Services Outpatient - I rvices Intervention/Education; Juvenile Non-Residential S dential Services Outpatient - Individual | Individual; Juvenile Assessment Se | ervices Substance |
| | Co-Occurring; Outpatient Therapy | | | |
| | Non-Treatment: Anger Management Class | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Raasch, Debra | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; C | Dutpatient Therapy - Individual-Mental Health; Outpatient Thera | apy including Family Sessio | ns-Mental Health |
| Other Services: | Sliding Fee Scale; | | | |
| Rezac, Jacqueline | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)350-3267 | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Educatives Outpatient - Groups; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Reside Evaluations; Juvenile Non-Residential Services Intervention/I ial Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juve | tient - Family; Adult Non-Re ential Services Intensive Ou Education; Juvenile Non-Re vices Outpatient - Family; J | esidential Services tpatient Treatment; sidential Services uvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O (Medicaid) | Outpatient Therapy including Family Sessions-Mental Health; A | ssessment: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| | - | | | |
| Rice, Joan | Spence Counseling | 12035 Q St. Omaha NB 68137 | (402)991-0611 | (402)991-6228 |
| Rice, Joan | Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie | 12035 Q St. Omaha NB 68137 valuations; Adult Non-Residential Services Intervention/Educat ent - Family; Adult Non-Residential Services Outpatient - Indivi | tion; Adult Non-Residential | Services Outpatient - |
| Rice, Joan Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations; Adult Non-Residential Services Intervention/Educated and the services of the servi | tion; Adult Non-Residential | Services Outpatient - |
| Rice, Joan Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C | valuations; Adult Non-Residential Services Intervention/Educated and the services of the servi | tion; Adult Non-Residential | Services Outpatient - |
| Rice, Joan Substance Abuse Services: Mental Health Services: | Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C | valuations; Adult Non-Residential Services Intervention/Educated and the services of the servi | tion; Adult Non-Residential | Services Outpatient - |
| Rice, Joan Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C | valuations; Adult Non-Residential Services Intervention/Educated and the services of the servi | tion; Adult Non-Residential | Services Outpatient - |
| Rice, Joan Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Rojas, Virgen | Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C Lutheran Family Services of NE Inc Adult Assessment Services Substance Abuse Ex | valuations; Adult Non-Residential Services Intervention/Educat ent - Family; Adult Non-Residential Services Outpatient - Indivi Co-Occurring; Outpatient Therapy | ion; Adult Non-Residential dual; Adult Non-Residential (402)721-1774 ion; Adult Non-Residential | Services Outpatient - Services Outpatient |
| Rice, Joan Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Rojas, Virgen Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C Lutheran Family Services of NE Inc Adult Assessment Services Substance Abuse Ex | valuations; Adult Non-Residential Services Intervention/Educat ent - Family; Adult Non-Residential Services Outpatient - Indivi Co-Occurring; Outpatient Therapy 120 S 24th St Ste 100 Omaha NB 68102 valuations; Adult Non-Residential Services Intervention/Educat | ion; Adult Non-Residential dual; Adult Non-Residential (402)721-1774 ion; Adult Non-Residential | Services Outpatient - Services Outpatient |
| Rice, Joan Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Rojas, Virgen Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C Lutheran Family Services of NE Inc Adult Assessment Services Substance Abuse Ex Individual; Adult Non-Residential Services Outpatient Co-Occurring; Outpatient Therapy | valuations; Adult Non-Residential Services Intervention/Educat ent - Family; Adult Non-Residential Services Outpatient - Indivi Co-Occurring; Outpatient Therapy 120 S 24th St Ste 100 Omaha NB 68102 valuations; Adult Non-Residential Services Intervention/Educat | ion; Adult Non-Residential dual; Adult Non-Residential (402)721-1774 ion; Adult Non-Residential | Services Outpatient - Services Outpatient |

| Name | Agency | Address | Phone | Fax |
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| Royer, Mary | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7012 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/ ent - Individual; Adult Non-Residential Services Outpatie e Non-Residential Services Intervention/Education; Juve ndividual; Juvenile Non-Residential Services Outpatient | nt - Co-Occurring Treatment; Juve nile Non-Residential Services Out | enile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Group Sessions-Mental Heat nent: Co-Occurring | alth; Outpatient Therapy - Co-occu | irring; Assessment: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Rynearson, Claire | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8521 | (402)455-7050 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eveluations | valuations; Adult Residential Services Therapeutic Com | nunity; Juvenile Assessment Serv | ices Substance Abus |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Co-Occurring | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility; Asses | ssment: Pre-Treatment Assessment (Medicaid); Assessr | nent: Co-Occurring | |
| Other Services: | Sliding Fee Scale; | | | |
| Salvatore, Christine | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | (402)715-5452 |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C | | Individual; Adult Non-Residential ssment Services Substance Abuse s; Juvenile Non-Residential Servic | Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| | Intensive Outpatient: Intensive Outpatient Thera | py-Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Sanchez, Laura | AM Counseling and Consulting LLC | 919 Galvin Rd S Bellevue NB 68005 | (402)807-5117 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - (nt - Individual; Adult Non-Residential Services Outpatier | | rvices Outpatient - |

| Name | Agency | Address | Phone | Fax |
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| Schifferns, Holli | Alegent Health | 3308 Samson Way Ste 203 Bellevue NB 68123 | (402)717-7676 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Schifferns, Holli | Lutheran Family Services of NE Inc | 11515 S39th St Suite 300 Bellevue NB 68123 | (402)292-9102 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Schnieder, Brian | Halo Counseling Center | 8998 L St Suite 110 Omaha NB 68127 | (402)850-0054 | |
| | 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 - Co-Occurring Treatment; Adult Non-Reside Evaluations; Juvenile Non-Residential Services Intervention/ al Services Outpatient - Groups; Juvenile Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treat | ential Services Intensive Outpa Education; Juvenile Non-Resic rvices Outpatient - Family; Juve | itient Treatment lential Services enile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or | utpatient Therapy - Co-occurring; Intensive Outpatient: Intens | vive Outpatient Therapy-Co-occ | 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/Educa ent - Family; Adult Non-Residential Services Outpatient - Indiv Services Substance Abuse Evaluations; Juvenile Non-Residen | idual; Adult Non-Residential Sential Sential Services Intervention/Educ | ervices Outpatie ation; Juvenile |
| | | venile Non-Residential Services Outpatient - Individual; Juver | | Outpatient - Co- |
| Mental Health Services: | Non-Residential Services Outpatient - Family; Jur Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C | | | Outpatient - Co- |
| | Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C | | | · |

| Name | Agency | Address | Phone | Fax |
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| Schutte-Lundy, Laura | UNMC Physicians Corporation | 4239 Farnam St #710 Omaha NB 68131 | (402)552-6152 | |
| Substance Abuse Services: | Abuse Evaluations; Juvenile Non-Residential Ser | aluations; Adult Non-Residential Services Outpatient - Individ rvices Outpatient - Groups; Juvenile Non-Residential Services esidential Services Outpatient - Co-Occurring Treatment | | |
| Mental Health Services: | | | | |
| | Outpatient Therapy - Individual-Mental Health; Or Assessment: Co-Occurring | utpatient Therapy - Co-occurring; Intensive Outpatient: Intensi | ive Outpatient Therapy-Co-od | ccurring; |
| Other Services: | | | | |
| Seier, Paige | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)552-7067 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| 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 Outpar Residential Services Intervention/Education; Juve | aluations; Adult Non-Residential Services Outpatient - Family tient - Co-Occurring Treatment; Juvenile Assessment Service enile Non-Residential Services Outpatient - Groups; Juvenile I dividual; Juvenile Non-Residential Services Outpatient - Co-O | s Substance Abuse Evaluation Non-Residential Services Ou | ons; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Out-Of-Home Shelter Care; Outpatient Therapy - including Family Sessions-Mental Health; Outpat | Individual-Mental Health; Outpatient Therapy including Group ient Therapy - Co-occurring | o Sessions-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 Outpa | aluations; Adult Non-Residential Services Outpatient - Family tient - Co-Occurring Treatment; Juvenile Assessment Service e Non-Residential Services Outpatient - Individual; Juvenile N tensive Outpatient Treatment | s Substance Abuse Evaluation | ons; Juvenile Non- |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessme | ent (bio-psychosocial); Co-Oo | curring; Outpatient |
| luvonilo Sonvicos: | 1 2 | tensive Outpatient: Intensive Outpatient Therapy-Co-occurring | g; Assessment: Pre-Treatmer | nt Assessment |
| Juvenile Services. | (Medicaid) | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|--|---|-----------------------------|----------------------|
| 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 | valuations; Adult Non-Residential Services Intervention/Education nt - Individual; Adult Non-Residential Services Outpatient - Co-Co Non-Residential Services Intervention/Education; Juvenile Nor ndividual; Juvenile Non-Residential Services Outpatient - Co-Oc | Dccurring Treatment; Juver | nile Assessment |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | enile Co-Occurring Evaluation (C/O); Pre-Treatment Assessmer | nt (bio-psychosocial); Co-O | ccurring; Outpatient |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Ou nent: Co-Occurring | tpatient Therapy - Co-occu | irring; Assessment: |
| Simmerman, Riannon | Alliance Counseling Center LLP | 11920 Burt St Suite 190 Omaha NB 68154 | (402)965-4004 | (402)965-4232 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations; Adult Non-Residential Services Intensive Outpatient | Treatment | . , |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Simmons, Kim | Lutheran Family Services of NE Inc | 2661 Douglas St Omaha NB 68131 | (402)978-5613 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Smeal, Jessica | | 900 S. 74th Plaza, Ste. 400 Omaha NB 68144 | (402)800-2990 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations; Juvenile Assessment Services Substance Abuse Ev | aluations | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; As | ssessment: Co-Occurring | | |
| Other Services: | | | | |
| Stanek, Sean | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7013 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| | | | | |
| Juvenile Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Educ ent - Family; Adult Non-Residential Services Outpatient - Ind Services Intensive Outpatient Treatment; Juvenile Assessme ; Juvenile Non-Residential Services Outpatient - Groups; Ju ndividual; Juvenile Non-Residential Services Outpatient - Co | ividual; Adult Non-Residential S ent Services Substance Abuse I venile Non-Residential Services | ervices Outpatient - Evaluations; Juvenile Outpatient - Family |
| | : Pre-Treatment Assessment (bio-psychosocial); C | 1 17 | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; g; Assessment: Pre-Treatment Assessment (Medicaid) | Outpatient Therapy including Fa | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Stein, Daniela | Lutheran Family Services of NE Inc | 120 S 24th St Ste 100 Omaha NB 68102 | (402)978-5604 | |
| Mental Health Services: Juvenile Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Stennis, Gladys | Infinite Avenues Counseling | 7117 Farnam St Suite 17 Omaha NB 68132 | (402)905-6296 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations | | |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Other Services: | Sliding Fee Scale; | | | |
| Stennis, Gladys | LIVING-IN-TRUTH, LLC | 2551 Spaulding St Omaha NB 68111 | (402)905-6296 | |
| | Adult Accorement Services Substance Abuse Ev | veluetienes Adult New Desidential Consists Outrations. | upo: Adult Non Posidontial Sand | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Grou nt - Individual; Adult Non-Residential Services Outpatient - C | | |
| | Family; Adult Non-Residential Services Outpatier | nt - Individual; Adult Non-Residential Services Outpatient - C | | |
| Mental Health Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: Anger Management Class; Outp | nt - Individual; Adult Non-Residential Services Outpatient - C | o-Occurring Treatment; Adult N | on-Residential |

| Name | Agency | Address | Phone | Fax |
|---|---|---|---|---|
| Stessman, Gary | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)552-7474 | (402)552-7444 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Family; Adult I ance Abuse Evaluations; Juvenile Non-Residential Services Outpatien | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assessm ISE) | ent: Pre-Treatment | Assessment |
| Other Services: | | | | |
| Stratton, Elizabeth | Catalyst Alternative Therapy Solutions & Life Coaching | 10320 Mary St Omaha NB 68122 | (402)957-4841 | |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Groups; Adult | | vices Outpatient - |
| Mantal Llaalth Candana | Family; Adult Non-Residential Services Outpatier Pre-Treatment Assessment (bio-psychosocial); C | nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | ing Treatment | |
| | | to-Occurring, Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Talbert, Erin | Heartland Family Service | 2101 S 42nd St Omaha NB 68105 | (402)552-7064 | |
| | | | | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Groups | | |
| | Adult Assessment Services Substance Abuse Ex Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | | (402)590-2947 | (402)590-2030 |
| Mental Health Services: Juvenile Services: Other Services: Tamayo, Kelly | Pre-Treatment Assessment (bio-psychosocial); C Complete Behavioral Health Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | Co-Occurring; Outpatient Therapy | ult Non-Residential dult Non-Residential vices Intervention/Ec | Services Outpatient Services Outpatient lucation; Juvenile |
| Mental Health Services: Juvenile Services: Other Services: Tamayo, Kelly Substance Abuse Services: | Pre-Treatment Assessment (bio-psychosocial); C Complete Behavioral Health Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Family; Ju Occurring Treatment | Co-Occurring; Outpatient Therapy 4565 S 133rd St Omaha NB 68137 valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Substance Abuse Evaluations; Juvenile Non-Residential Services | ult Non-Residential dult Non-Residential vices Intervention/Ec | Services Outpatient Services Outpatien lucation; Juvenile |
| Mental Health Services: Juvenile Services: Other Services: Tamayo, Kelly Substance Abuse Services: Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C Complete Behavioral Health Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Family; Ju Occurring Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O | Co-Occurring; Outpatient Therapy 4565 S 133rd St Omaha NB 68137 valuations; Adult Non-Residential Services Intervention/Education; Adult ent - Family; Adult Non-Residential Services Outpatient - Individual; Adult Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; Automatical Services Outpatient - Individual; Juvenile Non-Residential Services | ult Non-Residential S dult Non-Residential vices Intervention/Ec -Residential Service nt Therapy - Eating I | Services Outpatient Services Outpatien Jucation; Juvenile s Outpatient - Co- Disorder; Outpatient |

| Name | Agency | Address | Phone | Fax |
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| Thompson, Jacquelyn | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subs e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | tance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre-T | Freatment Assessment (bio-psychosocial); Co-Occurring; Outpatient | Therapy | |
| Juvenile Services: Other Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie ent: Mental Status Exam (MSE); Assessment: Co-Occurring | ent Therapy - Co-occ | urring; Assessment: |
| Ticknor, Brenda | Alegent Health | 3308 Samson Way Ste 203 Bellevue NB 68123 | (402)717-7674 | (402)291-8806 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adul t - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Outpatient - Groups; Juvenile Non-Reside Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ring Treatment; Juve ential Services Outpa | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment curring | | |
| Other Services: | Hearing Impaired; Bilingual Services; | Suring | | |
| 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; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services Residential Services Short Term Residential; Juvenile Assessment ducation; Juvenile Non-Residential Services Outpatient - Groups; Ju atient - Individual; Juvenile Non-Residential Services Outpatient - Co | dult Non-Residential Dual Residential (MH Services Substance venile Non-Resident | Services Outpatient - /SA); Adult Abuse Evaluations; al Services Outpatien |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| 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; Ju vices Outpatient - Individual | venile Assessment S | ervices Substance |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie | nt Therapy including | Family Sessions- |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Upton, Jessica | The Genesis House/New Beginnings Recovery Inc | 4127 S 42nd St Omaha NB 68107 | (402)213-4145 | |
| Substance Abuse Services | | | | |
| Mental Health Services | Outpatient Therapy | | | |
| Juvenile Services | | | | |
| Other Services | | | | |
| VanNortwick, Peggy | Douglas County Community Mental Health Center | 4102 Woolworth Ave Omaha NB 68105 | (402)444-7609 | (402)996-8171 |
| Substance Abuse Services | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tient - Co-Occurring Treatment; Adult Non-Residential Services Inten | | |
| Mental Health Services | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services | | | | |
| Other Services | Sliding Fee Scale; | | | |
| Vasquez-Evans, Linda | | 7701 Pacific Street, Ste 101 Omaha NB 68114 | (402)889-6359 | (402)564-7735 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; 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-Occurrir | dult Non-Residential ces Substance Abus on-Residential Servic | Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| | Pre-Treatment Assessment (bio-psychosocial); C | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Thorapy Co. oco | urring: Intonsivo |
| Juvenile Services | | alpallent merapy including Family Sessions-Merital health, Outpalle | | |
| | | Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occur | ring; Assessment: Pi | e-Treatment |
| Other Services | Outpatient: Intensive Outpatient Therapy-Mental Assessment (Medicaid); Assessment: Mental Sta Sliding Fee Scale; Bilingual Services; | | ring; Assessment: Pi | e-Treatment |
| Other Services Voss, Stephanie R | Assessment (Medicaid); Assessment: Mental Sta | | ring; Assessment: Pr (402)650-5250 | e-Treatment |
| Voss, Stephanie R | Assessment (Medicaid); Assessment: Mental Sta Sliding Fee Scale; Bilingual Services; Adult Assessment Services Substance Abuse Ev | tus Exam (MSE); Assessment: Co-Occurring | (402)650-5250 | |
| Voss, Stephanie R | Assessment (Medicaid); Assessment: Mental Sta Sliding Fee Scale; Bilingual Services; Adult Assessment Services Substance Abuse Ev Substance Abuse Evaluations; Juvenile Non-Res | tus Exam (MSE); Assessment: Co-Occurring 12020 Shamrock Plaza, Suite 200 Omaha NB 68154 aluations; Adult Non-Residential Services Outpatient - Co-Occurring | (402)650-5250 | |
| Voss, Stephanie R Substance Abuse Services Mental Health Services | Assessment (Medicaid); Assessment: Mental Sta Sliding Fee Scale; Bilingual Services; Adult Assessment Services Substance Abuse Ev Substance Abuse Evaluations; Juvenile Non-Res | tus Exam (MSE); Assessment: Co-Occurring 12020 Shamrock Plaza, Suite 200 Omaha NB 68154 aluations; Adult Non-Residential Services Outpatient - Co-Occurring idential Services Outpatient - Co-Occurring Treatment | (402)650-5250 | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|--|
| Walker, Jeffery | All Communities Outreach Services | 112 E Mission Ave Bellevue NB 68005 | (402)257-1122 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Non-Tre | atment: Anger Management Class; Non-Treatment: General Education | on Class; Non-Treat | ment: Family Partner |
| Other Services: | Bilingual Services; | | | |
| Ward, Teresa K | Heartland Family Service | 705 N. 16th Street Council Bluffs IA 51501 | (712)325-5640 | (712)256-1718 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| | | utpatient Therapy including Group Sessions-Mental Health | | |
| Other Services: | | | | |
| Wells, Amanda | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5449 | |
| Substance Abuse Services: | | aluations; Adult Residential Services Dual Residential (MH/SA); Adul m Residential; Juvenile Assessment Services Substance Abuse Eval | | es Extended |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; 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/Ec | Services Outpatient lucation; Juvenile |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | | Family Sanajana |
| Suverine Services. | Mental Health; Outpatient Therapy - Co-occurring | | it merapy menuluing | 1 amily 363510115- |
| Other Services: | Sliding Fee Scale; | , and the second s | | |
| Whitehead, Daniel | | 1941 South 42nd Street Suite 536 Omaha NB 68105 | (402)958-5663 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---------------------------------|----------------------|
| Wiggins, Thomas "Michael" | Wiggins House/Mink Assets LLC | 4502 Redick Ave Omaha NB 68152 | (402)686-8620 | (866)208-3154 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| 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: | | Evaluations; Adult Non-Residential Services Outpatient - Go stance Abuse Evaluations; Juvenile Non-Residential Service | | |
| Mental Health Services: | Outpatient Therapy | | | |
| 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 Outp | Evaluations; Adult Non-Residential Services Outpatient - Fa patient - Co-Occurring Treatment; Juvenile Assessment Ser nile Non-Residential Services Outpatient - Individual; Juven | rvices Substance Abuse Evaluat | tions; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | ; Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Pre-Treatment Assessment (Medicaid); Assess | Outpatient Therapy including Family Sessions-Mental Heal sment: Co-Occurring | th; Outpatient Therapy - Co-occ | urring; Assessment: |
| Other Services: | | 0 | | |
| 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 - Fa patient - Co-Occurring Treatment; Juvenile Assessment Ser nile Non-Residential Services Outpatient - Individual; Juven | rvices Substance Abuse Evaluat | tions; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | ; Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | Outpatient Therapy including Family Sessions-Mental Heal sment: Mental Status Exam (MSE); Assessment: Co-Occurr | | urring; Assessment: |
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| Name | Agency | Address | Phone | Fax |
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| Barrett-McClendon, | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (888)405-8738 | (402)817-4894 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | aluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se Evaluations; Juvenile Non-Residential Services Intervention/Educati al Services Outpatient - Groups; Juvenile Non-Residential Services C enile Non-Residential Services Outpatient - Co-Occurring Treatment | Family; Adult Non-Re ervices Intensive Ou on; Juvenile Non-Re | esidential Services tpatient Treatment; sidential Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy including Family Sessions-Me | atient Therapy - Individual-Mental Health; Outpatient Therapy includie ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Assess SE); Assessment: Co-Occurring | oy - Co-occurring; In | tensive Outpatient: |
| Other Services: | Sliding Fee Scale; | | | |
| Bendy, Laurie | | 11840 Nicholas Street, Suite 200 Omaha NB 68154 | (402)807-2569 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | rvices Outpatient - |
| | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| 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 | | dult Non-Residential | Services Outpatient - lucation; Juvenile |
| | | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Eating I | Disorder; Outpatient |
| Other Services: | Sliding Fee Scale; | 0 | | |
| Braun, Diane | Braun Counseling Services, LLC | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)980-7600 | (402)502-5102 |
| | | raluations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A co-Occurring; Outpatient Therapy | | |
| | | | | |
| Juvenile Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Broekemeier, Robert | Robert Broekemeier Counseling LLC | 268 N 115th St Suite 1 Omaha NB 68154 | (402)965-1564 | (402)260-7125 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | raluations; Adult Non-Residential Services Outpatient - Groups; Adult ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Outpatient - Family; Juvenile Non-Residen co-Occurring Treatment | ing Treatment; Juve | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Outpatien | nt Therapy - Co-occu | urring |
| Other Services: | | | | |
| Carrison, Vanessa | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)853-7898 | |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juvenil Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Res | valuations; Adult Non-Residential Services Intervention/Education; Ad ent - Family; Adult Non-Residential Services Outpatient - Co-Occurring e Assessment Services Substance Abuse Evaluations; Juvenile Non- Services Outpatient - Groups; Juvenile Non-Residential Services Ou esidential Services Outpatient - Co-Occurring Treatment | g Treatment; Adult N Residential Services | lon-Residential |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | | |
| Other Services: | Bilingual 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-Resider Juvenile Non-Residential Services Outpatient - Co-Occurring Treatm | ing Treatment; Juven ntial Services Outpa | nile Assessment |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Crisis Phone Line; Emergency Medical Health Evaluation | on; Outpatient Thera | ру |
| Other Services: | No Voucher Acceptance; | | | |
| Corrado, Michael | MAK Development (Michael's House) | 9007 F St Omaha NB 68127 | (402)917-0926 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy | | | |
| | Hearing Impaired; | | | |

| Name | Agency | Address | Phone | Fax |
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| Cottam, Glenda | Cottam Psychological Services | 2730 S 87th Ave Omaha NB 68124-3045 | (402)331-8085 | (402)331-8265 |
| | Pre-Treatment Assessment (bio-psychosocial); P Outpatient Therapy - Individual-Mental Health; Ou | sychological Evaluation; Outpatient Therapy utpatient Therapy including Family Sessions-Mental Health; Assessm | ent: Psychological E | valuation |
| Other Services: | | | | |
| DeLaet, Theodore | Theodore J. DeLaet, PhD, PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Sexually Harm Evaluation; Psychological Evaluat | nile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment A | ssessment (bio-psyc | hosocial); Adults wh |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); SE); Assessment: Psychological Evaluation; Assessment: Juvenile W | Assessment: Outpat | ient Psychiatric |
| Other Services: | | | | |
| Dirks, Amber | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)474-3322 | (402)397-1404 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juver dential Services Outp | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring | uding Family Sessior | ns-Mental Health; |
| Other Services: | | , <i>"</i> | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)461-4960 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | amily; Adult Non-Re | sidential Services |
| | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| DuBay, Michelle | Turning the Mind Therapy | 4611 S 96th St Suite 232 Omaha NB 68127 | (402)301-7518 | |
| | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa Co-Occurring; Outpatient Therapy | aluations; Adult Non-Residential Services Outpatient - Groups; A tient - Co-Occurring Treatment | dult Non-Residential Se | rvices Outpatient - |
| Eberle, Jeremy | Choices Treatment Center | 127 S 37th St Suite B Lincoln NB 68510 | (402)476-2300 | (402)476-2337 |
| | Adult Assessment Services Substance Abuse Ev Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Eberle, Jeremy | Eberle Therapy Services PC | 630 N Cotner Blvd Suite 103 Lincoln NB 68505 | (402)440-5094 | |
| | Individual; Adult Non-Residential Services Outpa Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Giles, Nicholas | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Education nt - Family; Adult Non-Residential Services Outpatient - Individua Treatment Assessment (bio-psychosocial); Co-Occurring; Adults v | l; Adult Non-Residentia | Services Outpatient |
| Juvenile Services: | Evaluation Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who Health; Intensive Outpatient: Intensive Outpatient | utpatient Therapy including Group Sessions-Mental Health; Outpa Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outp t Therapy-Youth Who Sexually Harm; Intensive Outpatient: Intensi aid); Assessment: Mental Status Exam (MSE); Assessment: Psyc | atient Therapy including patient: Intensive Outpat sive Outpatient Therapy | Family Sessions- ient Therapy-Mental Co-occurring; |
| | - | 40040 Jahr Oalt Divid Oreactic ND 00407 | (400)005 4000 | |
| Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | I; Adult Non-Residentia | Services Outpatient |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpa g; Assessment: Pre-Treatment Assessment (Medicaid); Assessme | | Family Sessions- |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|--|
| Other Services: | Sliding Fee Scale; | | • | • |
| Hallstrom, Debra | | 2170 N. Platte Ave. Fremont NB 68025 | (402)720-8220 | (402)753-6445 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi Idividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juve dential Services Out | nile Assessment |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- | psychosocial); Co-C | Occurring; Outpatient |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment curring | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Herdman, John | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)489-9792 | (402)489-9793 |
| Juvenile Services: | Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Juvenile Pre-Treatment Assessment (PTA); Pre-T Outpatient Therapy - Individual-Mental Health; Outpatient - In | Treatment Assessment (bio-psychosocial); Co-Occurring; Psychologi utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | vices Intervention/Ec esidential Services (cal Evaluation; Outp nt Therapy including | ducation; Juvenile Outpatient - Individua atient Therapy Family Sessions- |
| Other Services: | | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | al Evaluation; Assess | sment: Juvenile Who |
| Other Services: | | | | |
| Johnson, Jill | Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)261-6667 | (402)261-6526 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile Intervention/Education; Juvenile Non-Residential | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient esidential Services Outpatient - Co-Occurring Treatment; Juvenile Non- | ing Treatment; Adult Residential Services tpatient - Family; Ju | t Non-Residential s venile Non-Residentia |

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| Name | Agency | Address | Phone | Fax |
| | Mental Health; Outpatient Therapy - Co-occurring | co-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatien g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | Intensive Outpatient: In | tensive Outpatien |
| Other Services: | Sliding Fee Scale; | | | |
| Joseph, Paige | Heartland Family Service | 4847 Sahler Omaha NB 68104 | (402)800-3268 | |
| Mental Health Services: Juvenile Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr co-Occurring; Outpatient Therapy | | rvices Outpatient |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy | | | |
| Kenning, Tamara | Turning Point Behavioral Health & Addiction Counseling PC | 122 S 4th St Seward NB 68434 | (402)641-2095 | |
| Substance Abuse Services: | 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-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- Services Outpatient - Family; Juvenile Non-Residential Services Out reatment; Juvenile Non-Residential Services Intensive Outpatient Tre | ring Treatment; Adult N Residential Services patient - Individual; Juv | on-Residential |
| | Sexually Harm Evaluation; Outpatient Therapy Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Statement (1997) | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- utpatient Therapy including Family Sessions-Mental Health; Outpatie Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurr tus Exam (MSE); Assessment: Co-Occurring | nt Therapy - Co-occurri | ing; Intensive |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|---|
| 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 Outpaties | aluations; Adult Non-Residential Services Care Monitoring SA/MH; A nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services D enile Assessment Services Substance Abuse Evaluations; Juvenile N tient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Resider | dult Non-Residential Dual Residential (MH Non-Residential Serv y; Juvenile Non-Res | Services Outpatient - //SA); Adult vices Care Monitoring idential Services |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Outpatient Therapy - Co-occurring; Intensive Out | patient: Intensive Outpatient Therapy-Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult N Services Extended Residential; Adult Residential | | ing Treatment; Adult | Non-Residential |
| | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Outpatient | Therapy | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; Ir | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental Health rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health thensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme ement: Juvenile Who Sexually Harm Risk Assessment | ealth; Outpatient The this intensive Outpati | erapy - Youth Who ent: Intensive |
| Other Services: | | | | |
| McCaghy, Peggy | Capstone Behavioral Health | 1941 S. 42nd St. STE 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); P | sychological Evaluation; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assessm SE); Assessment: Psychological Evaluation | ent: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | | | |

| 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: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; nt - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment; Juvenile Assessment Se ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occu | I; Adult Non-Residential ervices Substance Abuse Non-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpa | atient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | 3 | | |
| Mertes, Courtney | | 268 N. 115th Street, Ste 1 Omaha NB 68154 | (402)590-8766 | (402)838-7248 |
| | Groups; Adult Non-Residential Services Outpatie | ent - Family; Adult Non-Residential Services Outpatient - Individua | I Adult Non-Residential | Services Outpatient |
| Mental Health Services: | Non-Residential Services Intervention/Education; | Services Intensive Outpatient Treatment; Juvenile Assessment Se ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occu | rvices Substance Abuse Non-Residential Servic | e Evaluations; Juveni es Outpatient - Famil |
| | Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | Services Intensive Outpatient Treatment; Juvenile Assessment Se ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occu | rvices Substance Abuse Non-Residential Servic urring Treatment; Juveni atient Therapy including th; Intensive Outpatient: | e Evaluations; Juvenil es Outpatient - Family le Non-Residential Family Sessions- Intensive Outpatient |
| | Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Out Mental Health; Outpatient Therapy - Co-occurring Therapy-Co-occurring; Assessment: Pre-Treatment | Services Intensive Outpatient Treatment; Juvenile Assessment Se ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occu Co-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpa g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal | rvices Substance Abuse Non-Residential Servic urring Treatment; Juveni atient Therapy including th; Intensive Outpatient: | e Evaluations; Juvenil es Outpatient - Family le Non-Residential Family Sessions- Intensive Outpatient |
| Juvenile Services: | Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Out Mental Health; Outpatient Therapy - Co-occurring Therapy-Co-occurring; Assessment: Pre-Treatment | Services Intensive Outpatient Treatment; Juvenile Assessment Se ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occu Co-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpa g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal | rvices Substance Abuse Non-Residential Servic urring Treatment; Juveni atient Therapy including th; Intensive Outpatient: | e Evaluations; Juveni es Outpatient - Famil le Non-Residential Family Sessions- Intensive Outpatient |
| Juvenile Services: Other Services: | Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring Therapy-Co-occurring; Assessment: Pre-Treatme | Services Intensive Outpatient Treatment; Juvenile Assessment Se ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occu Co-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpa g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal ent Assessment (Medicaid); Assessment: Mental Status Exam (M | rvices Substance Abuse Non-Residential Servic urring Treatment; Juveni atient Therapy including th; Intensive Outpatient: SE); Assessment: Co-O | e Evaluations; Juveni es Outpatient - Famil le Non-Residential Family Sessions- Intensive Outpatient ccurring |
| Juvenile Services: Other Services: Meyer, Jacquelyn Substance Abuse Services: | Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring Therapy-Co-occurring; Assessment: Pre-Treatme | Services Intensive Outpatient Treatment; Juvenile Assessment Se ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occu Co-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpa g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal ent Assessment (Medicaid); Assessment: Mental Status Exam (M | rvices Substance Abuse Non-Residential Servic urring Treatment; Juveni atient Therapy including th; Intensive Outpatient: SE); Assessment: Co-O | e Evaluations, Juveni es Outpatient - Famil le Non-Residential Family Sessions- Intensive Outpatient ccurring |
| Juvenile Services: Other Services: Meyer, Jacquelyn Substance Abuse Services: Mental Health Services: | Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring; Therapy-Co-occurring; Assessment: Pre-Treatment Building Blocks Pre-Treatment Assessment (bio-psychosocial) Out-Of-Home: Foster Care (Agency Supported); Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Services Intensive Outpatient Treatment; Juvenile Assessment Se ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occu Co-Occurring; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpa g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal ent Assessment (Medicaid); Assessment: Mental Status Exam (M | tal Health; Outpatient Th - Eating Disorder; Outpatient Th - Eating Disorder; Outpatient Th - Eating Disorder; Outpatient Th | e Evaluations, Juven es Outpatient - Fami le Non-Residential Family Sessions- Intensive Outpatient ccurring (402)336-4640 herapy including atient Therapy - Co- to Sexually Harm; |

| Name | Agency | Address | Phone | Fax |
|---|--|--|---|---------------------|
| Miller, Shannon | Lincoln Medical Education Partnership | 4600 Valley Road Lincoln NB 68510 | (402)327-6822 | (402)483-4594 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Moreno, Dominique | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)590-2947 | (402)590-2030 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult I tient - Co-Occurring Treatment; Juvenile Assessment Services Subst e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | ance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatien | nt Therapy - Co-occ | urring; Assessment: |
| Other Services: | C C | | | |
| Neve, Robert | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)612-2516 | (402)614-5447 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se | amily; Adult Non-Re | esidential Services |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); O | Outpatient Therapy | | |
| Other Services: | Sliding Fee Scale; | | | |
| Newring, Kirk | Forensic Behavioral Health | 1410 East Gold Coast Rd Ste 800 Papillion NB 68046 | (402)557-6027 | (402)557-6027 |
| Substance Abuse Services: | | | | |
| | - | WSH); Adults who Sexually Harm Evaluation; Psychological Evaluat | | |
| Juvenile Services: | Assessment: Pre-Treatment Assessment (Medica Who Sexually Harm Risk Assessment | aid); Assessment: Mental Status Exam (MSE); Assessment: Psychological and the second status an | ogical Evaluation; As | sessment: Juvenile |
| Other Services: | | | | |
| Osborn, Katlynn | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)366-3472 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; Ad t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | ing Treatment; Juve dential Services Out | nile Assessment |

| Name | Agency | Address | Phone | Fax |
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| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocia | I); Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health (Medicaid); Assessment: Mental Status Exam | n; Outpatient Therapy including Family Sessions-Mental Health; As n (MSE) | ssessment: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Paine, Mary | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial | I); Adults who Sexually Harm Evaluation; Psychological Evaluation | n; EPC Crisis Center; Outp | atient Therapy |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Prince, Reginald | Serenity Matters | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 6 | 68111 (402)830-3890 | (402)905-0011 |
| | Groups; Adult Non-Residential Services Outp | e Evaluations; Adult Non-Residential Services Intervention/Educati batient - Family; Adult Non-Residential Services Outpatient - Individ Services Intervention/Education; Juvenile Non-Residential Service residential Services Outpatient - Individual | dual; Juvenile Assessment | Services Substance |
| | Non-Treatment: Anger Management Class | | | |
| | Sliding Fee Scale; | | | |
| Rezac, Jacqueline | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)350-3267 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Ser Outpatient - Individual; Adult Non-Residential Juvenile Assessment Services Substance Ab Care Monitoring SA/MH; Juvenile Non-Reside | e Evaluations; Adult Non-Residential Services Intervention/Educati rvices Outpatient - Groups; Adult Non-Residential Services Outpat I Services Outpatient - Co-Occurring Treatment; Adult Non-Reside puse Evaluations; Juvenile Non-Residential Services Intervention/E ential Services Outpatient - Groups; Juvenile Non-Residential Serv Juvenile Non-Residential Services Outpatient - Co-Occurring Treat | ient - Family; Adult Non-Rential Services Intensive Ou ducation; Juvenile Non-Rentices Outpatient - Family; Juvenile Non-Rentified (Jure 2000); Juvenile Non-Rentified (Jure 2000); Juvenile (Jure 200 | esidential Services Itpatient Treatment; esidential Services Iuvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial | I); Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health (Medicaid) | n; Outpatient Therapy including Family Sessions-Mental Health; As | ssessment: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Roberts, Markie | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | (402)727-4288 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health | n; Outpatient Therapy including Family Sessions-Mental Health | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|-----------------------|
| Rynearson, Claire | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8521 | (402)455-7050 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Evaluations | valuations; Adult Residential Services Therapeutic Community; Juver | nile Assessment Ser | vices Substance Abus |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility; Asses | sment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Oco | curring | |
| Other Services: | Sliding Fee Scale; | | | |
| Semerad, MaLeaha | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health | utpatient Therapy including Group Sessions-Mental Health; Outpatie | ent Therapy including | Family Sessions- |
| Other Services: | | | | |
| Siemer-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 | valuations; Adult Non-Residential Services Intervention/Education; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Occurs Non-Residential Services Intervention/Education; Juvenile Non-Residential; Juvenile Non-Residential Services Outpatient - Co-Occurri | rring Treatment; Juve sidential Services Ou | nile Assessment |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve | enile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio | o-psychosocial); Co-0 | Occurring; Outpatient |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie | ent Therapy - Co-occ | urring; Assessment: |
| Other Services: | The meatment Assessment (medicald), Assessm | | | |
| Smith, Morgan | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (308)390-9347 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | Dutpatient Therapy - Individual-Mental Health; Outpatient Therapy ind ental Health; Outpatient Therapy - Eating Disorder | cluding Group Sessic | ns-Mental Health; |
| Other Services: | | ······································ | | |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); F | Psychological Evaluation; Outpatient Therapy; Mental Health Intensiv | ve Management | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie nent Assessment (Medicaid); Assessment: Mental Status Exam (MS Assessment | | |
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| Name | Agency | Address | Phone | Fax |
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| Sorensen, Rachel | | 2170 North Platte Ave Fremont NB 68025 | (402)720-3992 | (402)753-6445 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential vices Intervention/Ec esidential Services (| Services Outpatient - ducation; Juvenile Outpatient - Individual; |
| | Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- | | |
| 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 | oy - Co-occurring; In | tensive Outpatient: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | Pre-Treatment Assessment (bio-psychosocial); O | outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatier | t Therapy including | Family Sessions- |
| | Mental Health; Outpatient Therapy - Co-occurring | ; Assessment: Pre-Treatment Assessment (Medicaid) | it merapy meruding | Tamiry Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Vasquez-Evans, Linda | | 7701 Pacific Street, Ste 101 Omaha NB 68114 | (402)889-6359 | (402)564-7735 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurr tus Exam (MSE); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |

| Name | Agency | Address | Phone | Fax |
|---|---|---|--|---|
| Volnek, Ashley | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-8748 | (402)475-6728 |
| Substance Abuse Services: | Adult Residential Services Dual Residential (MH/ | 'SA) | | |
| | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: Other Services: | | | | |
| Other Services. | | | | |
| Walton, Robert | Phoenix House | 1571 23rd Ave Columbus NB 68601 | (402)841-3791 | (402)302-1001 |
| 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; Ad ent - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser uvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential co-Occurring Treatment | dult Non-Residential vices Intervention/Ec | Services Outpatient lucation; Juvenile |
| Juvenile Services: | | | | |
| 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 | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subst e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | tance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring: Outpatient Therapy | | |
| | The meaning assessment (bio psychosocial), e | (coordinary) | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occi | urring; Assessment: |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occi | urring; Assessment: |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occi (402)483-6990 | urring; Assessment: (402)483-7045 |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatie nent: Co-Occurring | | - |
| Juvenile Services: Other Services: Zlomke, Leland Substance Abuse Services: | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid); Assessm Nebraska Mental Health Centers Juvenile Pre-Treatment Assessment (PTA); Juve | utpatient Therapy including Family Sessions-Mental Health; Outpatie ent: Co-Occurring 4545 S 86th St Lincoln NB 68520 enile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment A | (402)483-6990 | (402)483-7045 |
| Juvenile Services: Other Services: Zlomke, Leland Substance Abuse Services: Mental Health Services: | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid); Assessm Nebraska Mental Health Centers Juvenile Pre-Treatment Assessment (PTA); Juve Sexually Harm Evaluation; Psychological Evaluat Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Family Sessions-Mental Health; Outpatie ent: Co-Occurring 4545 S 86th St Lincoln NB 68520 enile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment A | (402)483-6990 Assessment (bio-psyc Int Therapy including Pre-Treatment Assess | (402)483-7045 chosocial); Adults wh Family Sessions- sment (Medicaid); |

| 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: | · · · | | () | |
| | Pre-Treatment Assessment (bio-psychosocial); C | Jutoatient Therapy | | |
| | | ommunity Treatment Aide; Assessment: Pre-Treatment Assessment (| Medicaid) | |
| 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/E Outpatient - Groups; Juvenile Non-Residential Services | aluations; Adult Non-Residential Services Intervention/Education; Adu es Outpatient - Groups; Adult Non-Residential Services Outpatient - F rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se ducation; Juvenile Non-Residential Services Care Monitoring SA/MH; ervices Outpatient - Family; Juvenile Non-Residential Services Outpat uvenile Non-Residential Services Intensive Outpatient Treatment | amily; Adult Non-Re ervices Intensive Out Juvenile Non-Resic | sidential Services patient Treatment; lential Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| 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; | 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: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Or Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occu | ırring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Crouch, Samuel | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-1488 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Individual; Juvenile Assessment Services Substance Abuse Evalu Services Outpatient - Groups; Juvenile Non-Residential Services Out | uations; Juvenile No | Services Outpatient - n-Residential Service |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpatien nent Assessment (Medicaid); Assessment: Co-Occurring | t Therapy - Eating D | visorder; Outpatient |
| Other Services: | Sliding Fee Scale; | (| | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|--|
| Crouch, Samuel | Valley Youth Connections | 29 S Beltline HWY W Scottsbluff NB 69361 | (308)225-0500 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | Putpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incl ental Health; Intensive Outpatient: Intensive Outpatient Therapy-Ment | | |
| 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 | • | enile Assessment S | ervices Substance |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Cushing, Nathalie | Community Action Partnership of Western Nebraska | 975 Crescent Drive Gering NB 69341 | (308)633-3345 | (308)633-2650 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tient - Co-Occurring Treatment; Adult Non-Residential Services Intens | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outp urring; Assessment: Pre-Treatment Assessment (Medicaid); Assessm | | tal Health; Intensive |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Cushing, Nathalie | Dr Gage Stermensky LLC | 1811 Ave A Scottsbluff NB 69361 | (308)631-5263 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| 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 Residential Services Intervention/Education; Juve Occurring Treatment | 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 Residential Services | ons; Juvenile Non- Outpatient - Co- |
| | Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- | psychosocial), Co-C | courning, Outpatient |

| Name | Agency | Address | Phone | Fax |
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| | Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpat nent: Mental Status Exam (MSE); Assessment: Co-Occurring | ient Therapy - Co-occu | urring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Estrada, Marcia | | 3321 Avenue I Suite #3 Scottsbluff NB 69361-4587 | (308)631-6129 | (308)635-7412 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex | valuations; Juvenile Assessment Services Substance Abuse Evalua | tions | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | enile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bi | o-psychosocial); Co-O | ccurring; Outpatient |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpat nent: Mental Status Exam (MSE); Assessment: Co-Occurring | ient Therapy - Co-occu | urring; Assessment: |
| Other Services: | | | | |
| George, Wendy | Wyoming Winds Counseling LLC | 1825 10th St Gering NB 69341 | (307)575-8592 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Outpatien | t Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Gill, Janeen | Serenity Counseling Services | 1300 E 4th Suite H North Platte NB 69101 | (308)737-1351 | |
| | | | | |
| Substance Abuse Services: | | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Adults who Sexually Harm Evaluation; Outpatient The | erapy | |
| Mental Health Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M | patient Therapy - Individual-Mental Health; Outpatient Therapy inclueental Health; Outpatient Therapy - Eating Disorder; Day Treatment | ding Group Sessions-N | |
| Mental Health Services: Juvenile Services: | Non-Treatment: Anger Management Class; Outp | patient Therapy - Individual-Mental Health; Outpatient Therapy inclueental Health; Outpatient Therapy - Eating Disorder; Day Treatment | ding Group Sessions-N | |
| Mental Health Services: Juvenile Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Pre-Treatment Assessment (Medicaid); Assessm | patient Therapy - Individual-Mental Health; Outpatient Therapy inclueental Health; Outpatient Therapy - Eating Disorder; Day Treatment | ding Group Sessions-N | |
| Mental Health Services: Juvenile Services: Other Services: Koch, Lori | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Pre-Treatment Assessment (Medicaid); Assess Sliding Fee Scale; Stephen Center Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Short Term Residential Services Outpatie SA/MH; Juvenile Non-Residential Services Outpatie | patient Therapy - Individual-Mental Health; Outpatient Therapy inclu lental Health; Outpatient Therapy - Eating Disorder; Day Treatment nent: Mental Status Exam (MSE) | (402)715-5459 Adult Non-Residential Adult Non-Residential bual Residential (MH Non-Residential Serv hily; Juvenile Non-Resi | (402)715-5452 Services Outpatien Services Outpatien /SA); Adult ices Care Monitorin dential Services |
| Mental Health Services: Juvenile Services: Other Services: Koch, Lori Substance Abuse Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Pre-Treatment Assessment (Medicaid); Assess Sliding Fee Scale; Stephen Center Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Short Term Residential; Jus SA/MH; Juvenile Non-Residential Services Outpatient Outpatient - Individual; Juvenile Non-Residential | Aatient Therapy - Individual-Mental Health; Outpatient Therapy inclu- lental Health; Outpatient Therapy - Eating Disorder; Day Treatment nent: Mental Status Exam (MSE) 5217 S 28th St Omaha NB 68107 valuations; Adult Non-Residential Services Care Monitoring SA/MH; ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Adult Residential Services venile Assessment Services Substance Abuse Evaluations; Juvenile atient - Groups; Juvenile Non-Residential Services Outpatient - Fan Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential | (402)715-5459 Adult Non-Residential Adult Non-Residential bual Residential (MH Non-Residential Serv hily; Juvenile Non-Resi | (402)715-5452 Services Outpatien Services Outpatien /SA); Adult ices Care Monitorin dential Services |
| Mental Health Services: Juvenile Services: Other Services: Koch, Lori Substance Abuse Services: Mental Health Services: | Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-M Pre-Treatment Assessment (Medicaid); Assessm Sliding Fee Scale; Stephen Center Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Residential Services Short Term Residential; Jux SA/MH; Juvenile Non-Residential Services Outpatient Outpatient - Individual; Juvenile Non-Residential Treatment Pre-Treatment Assessment (bio-psychosocial); C | Aatient Therapy - Individual-Mental Health; Outpatient Therapy inclu- lental Health; Outpatient Therapy - Eating Disorder; Day Treatment nent: Mental Status Exam (MSE) 5217 S 28th St Omaha NB 68107 valuations; Adult Non-Residential Services Care Monitoring SA/MH; ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Adult Residential Services venile Assessment Services Substance Abuse Evaluations; Juvenile atient - Groups; Juvenile Non-Residential Services Outpatient - Fan Services Outpatient - Co-Occurring Treatment; Juvenile Non-Residential | (402)715-5459 Adult Non-Residential Adult Non-Residential bual Residential (MH Non-Residential Serv hily; Juvenile Non-Resi | (402)715-5452 Services Outpatien /SA); Adult ices Care Monitorin dential Services |

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|--|
| 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 | valuations; Adult Non-Residential Services Outpatient - Family; Adult atient - Co-Occurring Treatment; Juvenile Assessment Services Subs ile Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | | | |
| Juvenile Services: | | Dutpatient Therapy including Family Sessions-Mental Health; Outpatien ment: Mental Status Exam (MSE); Assessment: Co-Occurring | ent Therapy - Co-occi | urring; Assessment: |
| Other Services: | | | | |
| Massey, Dallas | | 1821 First Ave Ste 2 Scottsbluff NB 69361 | (308)632-8236 | (308)635-3084 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse E Abuse Evaluations; Juvenile Non-Residential Se | valuations; Adult Non-Residential Services Outpatient - Individual; Ju arvices Outpatient - Individual | venile Assessment S | ervices Substance |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | • | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C | Dutpatient Therapy - Co-occurring | | |
| Other Services: | | | | |
| Raney, Sandra | Open Door | 1870 9th St Gering NB 69341 | (308)225-4335 | (308)633-2020 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Individual; Ad Services Substance Abuse Evaluations; Juvenile Non-Residential Ser Treatment | | |
| Mental Health Services: | | enile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio | -psychosocial); Co-C | Occurring; Outpatient |
| | Evening Reporting; Non-Treatment: Anger Mana Outpatient Therapy including Group Sessions-M Intensive Outpatient: Intensive Outpatient Thera (MSE); Assessment: Co-Occurring | reatment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatm agement Class; Non-Treatment: General Education Class; Outpatient fental Health; Outpatient Therapy including Family Sessions-Mental H apy-Mental Health; Assessment: Pre-Treatment Assessment (Medicai | Therapy - Individual- lealth; Outpatient The | -Mental Health; erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |
| Raney, Sandra | Community Justice Center | 211 North 14th St, Suite 314 Lincoln NB 68508 | (308)225-4335 | (308)633-2020 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre- I reatment Assessment (bio-psychosocial); | Co-Occurring; Adults who Sexually Harm Evaluation; Outpatient Ther | ару | |

Juvenile Services:

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| Rodriquez-Fletcher, Lori | Options in Psychology, LLC | 2622 Ave C Scottsbluff NB 69361 | (308)632-8547 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subsi e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | ance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Juvenile Services: Other Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie ient: Mental Status Exam (MSE); Assessment: Co-Occurring | nt Therapy - Co-occu | urring; Assessment: |
| | | | | |
| Rynearson, Claire | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8521 | (402)455-7050 |
| | Evaluations | aluations; Adult Residential Services Therapeutic Community; Juven | ile Assessment Serv | ices Substance Abuse |
| | Pre-Treatment Assessment (bio-psychosocial); C | - | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility; Asses | sment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occ | urring | |
| Other Services: | Sliding Fee Scale; | | | |
| Sanchez, Celeste | JOBZ Employment Solutions | 311 5th Ave Minatare NB 69361 | (308)672-9694 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Mental Health Intensive Management | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Ac ent - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No adividual; Juvenile Non-Residential Services Outpatient - Co-Occurrir | dult Non-Residential ces Substance Abuse n-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family; |
| | Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health: O | utpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatie | nt Therapy including | Family Sessions- |
| | Mental Health; Outpatient Therapy - Co-occurring | g; Assessment: Pre-Treatment Assessment (Medicaid) | it morapy morading | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|--|
| Stennis, Gladys | Infinite Avenues Counseling | 7117 Farnam St Suite 17 Omaha NB 68132 | (402)905-6296 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ve Outpatient Treatment; Juvenile Assessment Services Substance , e Non-Residential Services Outpatient - Individual | Abuse Evaluations; | luvenile Non- |
| | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Youth Who S | o-Occurring; Adults who Sexually Harm Evaluation; Psychological Ev utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatie | nt Therapy including ent: Intensive Outpat | Family Sessions- ient Therapy-Youth |
| | Who Sexually Harm; Assessment: Pre-Treatment Assessment: Juvenile Who Sexually Harm Risk A | Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A | Assessment: Psycho | logical Evaluation; |
| Other Services: | Sliding Fee Scale; | | | |
| Taylor, Jennifer | Inspirit Counseling | 709 W 4th St Suite 2 Chadron NB 69337 | (308)430-1944 | (775)667-6079 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual: Adult Non-Residential Services Outpatient - Co-Occurr | | vices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | 0 | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)383-1622 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | dult Non-Residential vices Intervention/Ec | Services Outpatien lucation; Juvenile |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier ; Assessment: Co-Occurring | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |

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

| Name | Agency | Address | Phone | Fax |
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| Wiggins, Cynthia | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)641-0451 | |

Substance Abuse Services:

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

Juvenile Services:

Other Services: Sliding Fee Scale;

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|-----------------------|------------------------|
| Betka, Cindy | FGH Inc | 942 N 13th St. Geneva NB 68361 | (402)879-5959 | (402)759-3803 |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual | dult Non-Residential | Services Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy - Individua ient Therapy including Family Sessions-Mental Health; Outpatient The nent Assessment (Medicaid); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Carville, Misty | Infinite Change Family Therapy Center LLC | 245 S 84th St, Suite L101 Lincoln NB 68510 | (402)310-7867 | (833)587-9383 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | 0 | Adult Non-Residentia | Services Outpatient |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment | | Family Sessions- |
| Cottam, Glenda | Cottam Psychological Services | 2730 S 87th Ave Omaha NB 68124-3045 | (402)331-8085 | (402)331-8265 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); P | Psychological Evaluation; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Assessr | ment: Psychological I | Evaluation |
| Other Services: | | | | |
| DeLaet, Theodore | Theodore J. DeLaet, PhD, PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | nile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment A | Assessment (bio-psy | chosocial); Adults who |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | tion; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid) (SE); Assessment: Psychological Evaluation; Assessment: Juvenile N | ; Assessment: Outpa | tient Psychiatric |
| Other Services: | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Denney, Rachel | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)730-6802 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education Int - Family; Adult Non-Residential Services Outpatient - Individ Services Intensive Outpatient Treatment; Juvenile Assessment ; Juvenile Non-Residential Services Outpatient - Groups; Juven Individual; Juvenile Non-Residential Services Outpatient - Co-Oc | ual; Adult Non-Residential S Services Substance Abuse ile Non-Residential Service | Services Outpatient - Evaluations; Juvenile |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Ou | tpatient Therapy - Co-occu | rring |
| Other Services: | Sliding Fee Scale; | | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)461-4960 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | raluations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpation rvices Outpatient - Co-Occurring Treatment; Adult Non-Resident | ent - Family; Adult Non-Res | sidential Services |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Other Services: Giles, Nicholas | Sliding Fee Scale; Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Giles, Nicholas | Counseling Affiliates of Nebraska Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 aluations; Adult Non-Residential Services Intervention/Education int - Family; Adult Non-Residential Services Outpatient - Individu | on; Adult Non-Residential S | ervices Outpatient - |
| Giles, Nicholas Substance Abuse Services: | Counseling Affiliates of Nebraska Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment | aluations; Adult Non-Residential Services Intervention/Education | on; Adult Non-Residential S ual; Adult Non-Residential \$ | ervices Outpatient - Services Outpatient - |
| Giles, Nicholas Substance Abuse Services: Mental Health Services: | Counseling Affiliates of Nebraska Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Juvenile Pre-Treatment Assessment (PTA); Pre- Evaluation Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Youth Who Health; Intensive Outpatient: Intensive Outpatient Assessment: Pre-Treatment Assessment (Medica | aluations; Adult Non-Residential Services Intervention/Education int - Family; Adult Non-Residential Services Outpatient - Individe | on; Adult Non-Residential S ual; Adult Non-Residential S s who Sexually Harm Evalu tpatient Therapy including F utpatient: Intensive Outpatie nsive Outpatient Therapy-C | ervices Outpatient - Services Outpatient - lation; Psychological Family Sessions- ent Therapy-Mental Co-occurring; |
| Giles, Nicholas Substance Abuse Services: Mental Health Services: Juvenile Services: | Counseling Affiliates of Nebraska Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Juvenile Pre-Treatment Assessment (PTA); Pre- Evaluation Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Youth Who S Health; Intensive Outpatient: Intensive Outpatient | raluations; Adult Non-Residential Services Intervention/Education ont - Family; Adult Non-Residential Services Outpatient - Individu Treatment Assessment (bio-psychosocial); Co-Occurring; Adult utpatient Therapy including Group Sessions-Mental Health; Out Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Out t Therapy-Youth Who Sexually Harm; Intensive Outpatient: Inte | on; Adult Non-Residential S ual; Adult Non-Residential S s who Sexually Harm Evalu tpatient Therapy including F utpatient: Intensive Outpatie nsive Outpatient Therapy-C | ervices Outpatient - Services Outpatient - lation; Psychological Family Sessions- ent Therapy-Mental Co-occurring; |
| Giles, Nicholas Substance Abuse Services: Mental Health Services: Juvenile Services: | Counseling Affiliates of Nebraska Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Juvenile Pre-Treatment Assessment (PTA); Pre- Evaluation Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Youth Who Health; Intensive Outpatient: Intensive Outpatient Assessment: Pre-Treatment Assessment (Medica Who Sexually Harm Risk Assessment | raluations; Adult Non-Residential Services Intervention/Education ont - Family; Adult Non-Residential Services Outpatient - Individu Treatment Assessment (bio-psychosocial); Co-Occurring; Adult utpatient Therapy including Group Sessions-Mental Health; Out Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Out t Therapy-Youth Who Sexually Harm; Intensive Outpatient: Inte | on; Adult Non-Residential S ual; Adult Non-Residential S s who Sexually Harm Evalu tpatient Therapy including F utpatient: Intensive Outpatie nsive Outpatient Therapy-C ychological Evaluation; Ass | ervices Outpatient - Services Outpatient - lation; Psychological Family Sessions- ent Therapy-Mental Co-occurring; |
| Giles, Nicholas Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Counseling Affiliates of Nebraska Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Juvenile Pre-Treatment Assessment (PTA); Pre- Evaluation Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Outpatient Therapy - Youth Who Health; Intensive Outpatient: Intensive Outpatient Assessment: Pre-Treatment Assessment (Medica Who Sexually Harm Risk Assessment Sliding Fee Scale; Wellspring Behavioral Health | raluations; Adult Non-Residential Services Intervention/Education ont - Family; Adult Non-Residential Services Outpatient - Individe Treatment Assessment (bio-psychosocial); Co-Occurring; Adult utpatient Therapy including Group Sessions-Mental Health; Out Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Out t Therapy-Youth Who Sexually Harm; Intensive Outpatient: Inte aid); Assessment: Mental Status Exam (MSE); Assessment: Ps | on; Adult Non-Residential S ual; Adult Non-Residential S s who Sexually Harm Evalu tpatient Therapy including F utpatient: Intensive Outpatie nsive Outpatient Therapy-C ychological Evaluation; Ass | ervices Outpatient - Services Outpatient - uation; Psychological Family Sessions- ent Therapy-Mental Co-occurring; sessment: Juvenile |
| Giles, Nicholas Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Harmes, Eric | Counseling Affiliates of Nebraska Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Juvenile Pre-Treatment Assessment (PTA); Pre- Evaluation Outpatient Therapy - Individual-Mental Health; Outpatient Mental Health; Outpatient Therapy - Youth Who S Health; Intensive Outpatient: Intensive Outpatient Assessment: Pre-Treatment Assessment (Medica Who Sexually Harm Risk Assessment Sliding Fee Scale; Wellspring Behavioral Health | raluations; Adult Non-Residential Services Intervention/Education ont - Family; Adult Non-Residential Services Outpatient - Individe Treatment Assessment (bio-psychosocial); Co-Occurring; Adult utpatient Therapy including Group Sessions-Mental Health; Out Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Out t Therapy-Youth Who Sexually Harm; Intensive Outpatient: Inte aid); Assessment: Mental Status Exam (MSE); Assessment: Ps | on; Adult Non-Residential S ual; Adult Non-Residential S s who Sexually Harm Evalu tpatient Therapy including F utpatient: Intensive Outpatie nsive Outpatient Therapy-C ychological Evaluation; Ass | ervices Outpatient - Services Outpatient - uation; Psychological Family Sessions- ent Therapy-Mental Co-occurring; sessment: Juvenile |
| Giles, Nicholas Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Harmes, Eric Substance Abuse Services: Mental Health Services: | Counseling Affiliates of Nebraska Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment Juvenile Pre-Treatment Assessment (PTA); Pre- Evaluation Outpatient Therapy - Individual-Mental Health; Or Mental Health; Outpatient Therapy - Youth Who S Health; Intensive Outpatient: Intensive Outpatient Assessment: Pre-Treatment Assessment (Medica Who Sexually Harm Risk Assessment Sliding Fee Scale; Wellspring Behavioral Health Outpatient Therapy | raluations; Adult Non-Residential Services Intervention/Education ont - Family; Adult Non-Residential Services Outpatient - Individe Treatment Assessment (bio-psychosocial); Co-Occurring; Adult utpatient Therapy including Group Sessions-Mental Health; Out Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Out t Therapy-Youth Who Sexually Harm; Intensive Outpatient: Inte aid); Assessment: Mental Status Exam (MSE); Assessment: Ps | on; Adult Non-Residential S ual; Adult Non-Residential S s who Sexually Harm Evalu tpatient Therapy including F utpatient: Intensive Outpatie nsive Outpatient Therapy-C ychological Evaluation; Ass | ervices Outpatient - Services Outpatient Jation; Psychological Family Sessions- ent Therapy-Mental Co-occurring; Sessment: Juvenile |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|--|
| Herdman, John | Parallels | 1640 L St Suite C Lincoln NB 68508 | (402)489-9792 | (402)489-9793 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-R uvenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | dult Non-Residential vices Intervention/Ed | Services Outpatient - lucation; Juvenile |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Co-Occurring; Psychologi | cal Evaluation; Outpa | atient Therapy |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: | | |
| Other Services: | Psychological Evaluation; Assessment: Co-Occu | rring | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | I Evaluation; Assess | sment: Juvenile Who |
| Other Services: | | | | |
| Holt, Jennifer | Adultspan Counseling | 1001 S. 70th St suite 225 Lincoln NB 68510 | (402)325-0117 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Johnson, Jill | Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)261-6667 | (402)261-6526 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile Intervention/Education; Juvenile Non-Residential | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ht - Individual; Adult Non-Residential Services Outpatient - Co-Occurr e Assessment Services Substance Abuse Evaluations; Juvenile Non- Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient esidential Services Outpatient - Co-Occurring Treatment; Juvenile Non- | ing Treatment; Adult Residential Services tpatient - Family; Juv | Non-Residential s venile Non-Residential |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE) | ntensive Outpatient: | Intensive Outpatient |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|---|
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Kenning, Tamara | Turning Point Behavioral Health & Addiction Counseling PC | 122 S 4th St Seward NB 68434 | (402)641-2095 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpati Services Intensive Outpatient Treatment; Juver Intervention/Education; Juvenile Non-Residenti | Evaluations; Adult Non-Residential Services Intervention/Education ent - Individual; Adult Non-Residential Services Outpatient - Co-Oc nile Assessment Services Substance Abuse Evaluations; Juvenile I al Services Outpatient - Family; Juvenile Non-Residential Services Treatment; Juvenile Non-Residential Services Intensive Outpatien | curring Treatment; Adult Non-Residential Services Outpatient - Individual; | t Non-Residential |
| Mental Health Services: | | venile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment | (bio-psychosocial); Co-C | Occurring; Adults who |
| Juvenile Services: | Outpatient: Intensive Outpatient Therapy-Menta | Outpatient Therapy including Family Sessions-Mental Health; Outp al Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-oc | | |
| Other Services: | Assessment (Medicaid); Assessment: Mental S | tatus Exam (MSE); Assessment: Co-Occurring | | |
| 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 Outpat Co-Occurring Treatment; Adult Non-Residential Residential Services Short Term Residential; Ju SA/MH; Juvenile Non-Residential Services Out | Evaluations; Adult Non-Residential Services Care Monitoring SA/M tient - Family; Adult Non-Residential Services Outpatient - Individua I Services Intensive Outpatient Treatment; Adult Residential Servic uvenile Assessment Services Substance Abuse Evaluations; Juver patient - Groups; Juvenile Non-Residential Services Outpatient - Fa al Services Outpatient - Co-Occurring Treatment; Juvenile Non-Res | al; Adult Non-Residential es Dual Residential (MH ille Non-Residential Serv amily; Juvenile Non-Res | Services Outpatient I/SA); Adult vices Care Monitoring idential Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring; Outpatient Therapy | | |
| | | utpatient: Intensive Outpatient Therapy-Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| | Family; Adult Non-Residential Services Outpati | | curring Treatment; Adult | t Non-Residential |

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

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; | | | • |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Outpatie | ent Therapy | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-N Sexually Harm; Outpatient Therapy - Eating Dis Outpatient Therapy-Youth Who Sexually Harm; | n-Treatment: Juvenile Offender/Victim and Conflict Mediation; Out Mental Health; Outpatient Therapy including Family Sessions-Ment sorder; Intensive Outpatient: Intensive Outpatient Therapy-Mental I Intensive Outpatient: Intensive Outpatient- Eating Disorder; Asses issment: Juvenile Who Sexually Harm Risk Assessment | tal Health; Outpatient The Health; Intensive Outpati | erapy - Youth Who ent: Intensive |
| Other Services: | | | | |
| 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/Educatior tient - Family; Adult Non-Residential Services Outpatient - Individu I Services Intensive Outpatient Treatment; Juvenile Assessment S on; Juvenile Non-Residential Services Outpatient - Groups; Juvenil Individual; Juvenile Non-Residential Services Outpatient - Co-Occ Co-Occurring; Outpatient Therapy | al; Adult Non-Residential ervices Substance Abuse e Non-Residential Servic | Services Outpatie e Evaluations; Juve es Outpatient - Far |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Mental Health; Outpatient Therapy - Co-occurri | Outpatient Therapy including Group Sessions-Mental Health; Outp ng | atient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| lertes, Courtney | | 268 N. 115th Street, Ste 1 Omaha NB 68154 | (402)590-8766 | (402)838-7248 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpat Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Educatio | Evaluations; Adult Non-Residential Services Intervention/Education tient - Family; Adult Non-Residential Services Outpatient - Individu I Services Intensive Outpatient Treatment; Juvenile Assessment S n; Juvenile Non-Residential Services Outpatient - Groups; Juvenil Individual; Juvenile Non-Residential Services Outpatient - Co-Occ | al; Adult Non-Residential ervices Substance Abuse e Non-Residential Servic | Services Outpatie e Evaluations; Juve es Outpatient - Far |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurri | Outpatient Therapy including Group Sessions-Mental Health; Outp ng; Intensive Outpatient: Intensive Outpatient Therapy-Mental Hea nent Assessment (Medicaid); Assessment: Mental Status Exam (N | alth; Intensive Outpatient: | Intensive Outpatie |
| Other Services: | | | | |

Other Services:

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--------------------------|---------------------|
| Miller, Shannon | Lincoln Medical Education Partnership | 4600 Valley Road Lincoln NB 68510 | (402)327-6822 | (402)483-4594 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Educatior ent - Family; Adult Non-Residential Services Outpatient - Individua Services Intensive Outpatient Treatment | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Paine, Mary | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Psychological Evaluation; I | EPC Crisis Center; Outpa | atient Therapy |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Rynearson, Claire | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8521 | (402)455-7050 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations; Adult Residential Services Therapeutic Community; Ju | uvenile Assessment Serv | vices Substance Abu |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring | | |
| Juvenile Services: | Psychiatric Residential Treatment Facility; Asses | sment: Pre-Treatment Assessment (Medicaid); Assessment: Co- | Occurring | |
| Other Services: | Sliding Fee Scale; | | - | |
| Smith, Morgan | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (308)390-9347 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | Dutpatient Therapy - Individual-Mental Health; Outpatient Therapy lental Health; Outpatient Therapy - Eating Disorder | including Group Sessio | ns-Mental Health; |
| Other Services: | | | | |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); F | Psychological Evaluation; Outpatient Therapy; Mental Health Inter | nsive Management | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outp nent Assessment (Medicaid); Assessment: Mental Status Exam (Assessment | | |
| Other Services: | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Edu ent - Family; Adult Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile Assessn ; Juvenile Non-Residential Services Outpatient - Groups; J ndividual; Juvenile Non-Residential Services Outpatient - C | dividual; Adult Non-Residential nent Services Substance Abuse uvenile Non-Residential Service | Services Outpatient Evaluations; Juveni s Outpatient - Famil |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health g; Assessment: Pre-Treatment Assessment (Medicaid) | n; Outpatient Therapy including I | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Taylor, Nathaniel | Integrated Behavioral Health Services | 2615 "O" street, Suite 4 Lincoln NB 68510 | (402)450-8645 | |
| | | | | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Gro tient - Co-Occurring Treatment | oups; Adult Non-Residential Ser | vices Outpatient - |
| | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpa Co-Occurring; Outpatient Therapy | | oups; Adult Non-Residential Ser | vices Outpatient - |
| | Individual; Adult Non-Residential Services Outpa Co-Occurring; Outpatient Therapy | | oups; Adult Non-Residential Ser | vices Outpatient - |
| Mental Health Services: | Individual; Adult Non-Residential Services Outpa Co-Occurring; Outpatient Therapy | | oups; Adult Non-Residential Ser | vices Outpatient - |
| Mental Health Services: Juvenile Services: | Individual; Adult Non-Residential Services Outpa Co-Occurring; Outpatient Therapy | | oups; Adult Non-Residential Ser (402)450-8645 | vices Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: Taylor, Nathaniel | Individual; Adult Non-Residential Services Outpa Co-Occurring; Outpatient Therapy Alcohol & Drug Solutions Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie | tient - Co-Occurring Treatment | (402)450-8645 ucation; Adult Non-Residential S | Services Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: Taylor, Nathaniel Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa Co-Occurring; Outpatient Therapy Alcohol & Drug Solutions Adult Assessment Services Substance Abuse Ev | tient - Co-Occurring Treatment 2109 S 24th St Lincoln NB 68502 raluations; Adult Non-Residential Services Intervention/Edu ent - Individual; Adult Non-Residential Services Outpatient - | (402)450-8645 ucation; Adult Non-Residential S | Services Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: Taylor, Nathaniel Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa Co-Occurring; Outpatient Therapy Alcohol & Drug Solutions Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C | tient - Co-Occurring Treatment 2109 S 24th St Lincoln NB 68502 raluations; Adult Non-Residential Services Intervention/Edu ent - Individual; Adult Non-Residential Services Outpatient - | (402)450-8645 ucation; Adult Non-Residential S | Services Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: Taylor, Nathaniel Substance Abuse Services: Mental Health Services: | Individual; Adult Non-Residential Services Outpa Co-Occurring; Outpatient Therapy Alcohol & Drug Solutions Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpaties Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C | tient - Co-Occurring Treatment 2109 S 24th St Lincoln NB 68502 raluations; Adult Non-Residential Services Intervention/Edu ent - Individual; Adult Non-Residential Services Outpatient - | (402)450-8645 ucation; Adult Non-Residential S | Services Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: Taylor, Nathaniel Substance Abuse Services: Mental Health Services: Juvenile Services: | Individual; Adult Non-Residential Services Outpa Co-Occurring; Outpatient Therapy Alcohol & Drug Solutions Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpaties Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C | tient - Co-Occurring Treatment 2109 S 24th St Lincoln NB 68502 raluations; Adult Non-Residential Services Intervention/Edu ent - Individual; Adult Non-Residential Services Outpatient - | (402)450-8645 ucation; Adult Non-Residential S | Services Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: Taylor, Nathaniel Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Trauernicht, Joellyn | Individual; Adult Non-Residential Services Outpa Co-Occurring; Outpatient Therapy Alcohol & Drug Solutions Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Blue Valley Behavioral Health Adult Assessment Services Substance Abuse Ev | tient - Co-Occurring Treatment 2109 S 24th St Lincoln NB 68502 raluations; Adult Non-Residential Services Intervention/Edu nt - Individual; Adult Non-Residential Services Outpatient - co-Occurring; Outpatient Therapy | (402)450-8645 Jucation; Adult Non-Residential S - Co-Occurring Treatment; Adult (402)228-3386 Jucation; Adult Non-Residential S | Services Outpatient - Non-Residential (402)228-2004 Services Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: Taylor, Nathaniel Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Trauernicht, Joellyn Substance Abuse Services: | Individual; Adult Non-Residential Services Outpar Co-Occurring; Outpatient Therapy Alcohol & Drug Solutions Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Blue Valley Behavioral Health Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie | tient - Co-Occurring Treatment 2109 S 24th St Lincoln NB 68502 raluations; Adult Non-Residential Services Intervention/Edu int - Individual; Adult Non-Residential Services Outpatient - co-Occurring; Outpatient Therapy 1123 N 9th St Beatrice NB 68310 raluations; Adult Non-Residential Services Intervention/Edu int - Individual; Adult Non-Residential Services Intervention/Edu | (402)450-8645 Jucation; Adult Non-Residential S - Co-Occurring Treatment; Adult (402)228-3386 Jucation; Adult Non-Residential S | Services Outpatient - Non-Residential (402)228-2004 Services Outpatient - |
| Mental Health Services: Juvenile Services: Other Services: Taylor, Nathaniel Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Trauernicht, Joellyn Substance Abuse Services: | Individual; Adult Non-Residential Services Outpar Co-Occurring; Outpatient Therapy Alcohol & Drug Solutions Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Blue Valley Behavioral Health Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Extended Residential Pre-Treatment Assessment (bio-psychosocial); C | tient - Co-Occurring Treatment 2109 S 24th St Lincoln NB 68502 raluations; Adult Non-Residential Services Intervention/Edu int - Individual; Adult Non-Residential Services Outpatient - co-Occurring; Outpatient Therapy 1123 N 9th St Beatrice NB 68310 raluations; Adult Non-Residential Services Intervention/Edu int - Individual; Adult Non-Residential Services Intervention/Edu | (402)450-8645 Jucation; Adult Non-Residential S - Co-Occurring Treatment; Adult (402)228-3386 Jucation; Adult Non-Residential S | Services Outpatient - Non-Residential (402)228-2004 Services Outpatient - |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|--|
| Volnek, Ashley | CenterPointe | 2633 P St Lincoln NB 68503 | (402)475-8748 | (402)475-6728 |
| Substance Abuse Services: | Adult Residential Services Dual Residential (MH/ | SA) | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Walton, Robert | Phoenix House | 1571 23rd Ave Columbus NB 68601 | (402)841-3791 | (402)302-1001 |
| 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; Ad int - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser uvenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | dult Non-Residential vices Intervention/Ec | Services Outpatient ducation; Juvenile |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Weber, Kristi | Weber Behavioral Health | 942 N 13th Geneva NB 68361 | (402)759-3802 | (402)759-3803 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Co-Occurring | Treatment | |
| | | Treatment Assessment (bio-psychosocial); Outpatient Therapy; Medi | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Assessm Evaluation; Assessment: Mental Status Exam (MSE); Assessment: M | | |
| Other Services: | Sliding Fee Scale; | | | |
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)383-1622 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | | dult Non-Residential vices Intervention/Ec | Services Outpatient ducation; Juvenile |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | nt Therapy including | Family Sessions- |
| Juvenine Services. | Mental Health; Outpatient Therapy - Co-occurring | | it merapy meruuning | 1 anniy 063310113- |

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

| Agency | Address | Phone | Fax |
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| Ann's Couch | 4004 N. 91st Street Omaha NB 68134 | (402)613-0691 | (800)496-7283 |
| Individual; Adult Non-Residential Services Outp | atient - Co-Occurring Treatment; Juvenile Assessment Ser | vices Substance Abuse Evalua | tions; Juvenile Non- |
| Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring; Outpatient Therapy | | |
| | | h; Outpatient Therapy - Co-occ | urring; Assessment: |
| | 5 | | |
| Nebraska Mental Health Centers | 4545 S 86th St Lincoln NB 68520 | (402)483-6990 | (402)483-7045 |
| | | | |
| | | reatment Assessment (bio-psy | chosocial); Adults who |
| Outpatient Therapy - Individual-Mental Health; (Mental Health; Outpatient Therapy - Youth Who | Outpatient Therapy including Group Sessions-Mental Healt o Sexually Harm; Outpatient Therapy - Eating Disorder; Ass | essment: Pre-Treatment Asses | sment (Medicaid); |
| | Ann's Couch Adult Assessment Services Substance Abuse E Individual; Adult Non-Residential Services Outp Residential Services Outpatient - Family; Juver Treatment Pre-Treatment Assessment (bio-psychosocial); Outpatient Therapy - Individual-Mental Health; Pre-Treatment Assessment (Medicaid); Assess Nebraska Mental Health Centers Juvenile Pre-Treatment Assessment (PTA); Jun Sexually Harm Evaluation; Psychological Evalu Outpatient Therapy - Individual-Mental Health; Mental Health; Outpatient Therapy - Youth Who | Ann's Couch 4004 N. 91st Street Omaha NB 68134 Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Fa Individual; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual; Juvenil Treatment Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring Nebraska Mental Health Centers 4545 S 86th St Lincoln NB 68520 Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Pre-T Sexually Harm Evaluation; Psychological Evaluation; Outpatient Therapy Outpatient Therapy - Individual-Mental Health; Outpatient Therapy Sexually Harm Evaluation; Psychological Evaluation; Outpatient Therapy Outpatient Therapy - Individual-Mental Health; Outpatient Therapy Mental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Eating Disorder; Ass | Ann's Couch 4004 N. 91st Street Omaha NB 68134 (402)613-0691 Adult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Co-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; 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 Pre-Treatment Pre-Treatment Pre-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy Outpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring Nebraska Mental Health Centers 4545 S 86th St Lincoln NB 68520 (402)483-6990 Juvenile Pre-Treatment Assessment (PTA); Juvenile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment Assessment (bio-psy |

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|---|
| Connor, Shawnda | Christine Karell PC LLO | 815 Flack Ave Alliance NB 69301 | (308)762-2723 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential Services | valuations; Adult Non-Residential Services Intervention/Education es Outpatient - Groups; Adult Non-Residential Services Outpatier rvices Outpatient - Co-Occurring Treatment; Adult Non-Residenti ducation; Juvenile Non-Residential Services Care Monitoring SA ervices Outpatient - Family; Juvenile Non-Residential Services Outpatient uvenile Non-Residential Services Intensive Outpatient Treatment | nt - Family; Adult Non-Re al Services Intensive Out /MH; Juvenile Non-Resid utpatient - Individual; Juve | sidential Services patient Treatment; ential Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outp g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Hea g | | |
| Other Services: | Sliding Fee Scale; | - | | |
| Connor, Shawnda | Healing Hope Counseling LLC | 815 Flack Ave Alliance NB 69301 | (308)225-6572 | (308)217-4277 |
| Substance Abuse Services: | | ily; Adult Non-Residential Services Outpatient - Individual; Adult I Services Outpatient - Family; Juvenile Non-Residential Services C | | |
| | | utpatient Therapy including Family Sessions-Mental Health; Outp | patient Therapy - Co-occu | rring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Crouch, Samuel | Valley Youth Connections | 29 S Beltline HWY W Scottsbluff NB 69361 | (308)225-0500 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy ental Health; Intensive Outpatient: Intensive Outpatient Therapy- | | |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|---|
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpatie | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental H py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster (| ting Disorder; Outpa t Therapy-Youth Wh | tient Therapy - Co- o Sexually Harm; |
| Other Services: | | | | |
| Obermeyer, Ashley | Pathways to Wellness LLC | 32518 W Pioneer School Rd Merriman NB 69218 | (605)646-3786 | (605)646-4828 |
| | Family; Adult Non-Residential Services Outpatien | | Non-Residential Ser | vices Outpatient - |
| | Pre-Treatment Assessment (bio-psychosocial); O | | | |
| | Outpatient Therapy including Family Sessions-Me | atient Therapy - Individual-Mental Health; Outpatient Therapy includin ental Health | ng Group Sessions-N | Iental Health; |
| Other Services: | Sliding Fee Scale; | | | |
| Price, Amanda | Inspirit Counseling | 709 W 4th St Suite 2 Chadron NB 69337 | (308)430-1944 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | Outpatient Therapy | | |
| | Mental Health; Assessment: Pre-Treatment Asse | utpatient Therapy including Group Sessions-Mental Health; Outpatien ssment (Medicaid) | t Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Raney, Sandra | Open Door | 1870 9th St Gering NB 69341 | (308)225-4335 | (308)633-2020 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Individual; Adu ervices Substance Abuse Evaluations; Juvenile Non-Residential Serv reatment | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- | psychosocial); Co-O | ccurring; Outpatient |
| Juvenile Services: | Evening Reporting; Non-Treatment: Anger Manag Outpatient Therapy including Group Sessions-Me | atment: Supervised Visitation; Non-Treatment: Tutoring; Non-Treatme gement Class; Non-Treatment: General Education Class; Outpatient T ental Health; Outpatient Therapy including Family Sessions-Mental He y-Mental Health; Assessment: Pre-Treatment Assessment (Medicaid | Therapy - Individual- ealth; Outpatient The | Mental Health; erapy - Co-occurring; |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Rodriquez-Fletcher, Lori | Options in Psychology, LLC | 2622 Ave C Scottsbluff NB 69361 | (308)632-8547 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa | aluations; Adult Non-Residential Services Outpatient - Family; tient - Co-Occurring Treatment; Juvenile Assessment Services e Non-Residential Services Outpatient - Individual; Juvenile No | Substance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Ou ent: Mental Status Exam (MSE); Assessment: Co-Occurring | utpatient Therapy - Co-occi | urring; Assessment: |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Educati nt - Family; Adult Non-Residential Services Outpatient - Indivic Services Intensive Outpatient Treatment; Juvenile Assessment Juvenile Non-Residential Services Outpatient - Groups; Juver idividual; Juvenile Non-Residential Services Outpatient - Co-O | dual; Adult Non-Residential Services Substance Abuse nile Non-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C | | | ie Non-Nesidentia |
| Juvenile Services: | Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | | - | |
| Juvenile Services: | Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Ou | - | Family Sessions- |
| Juvenile Services: | Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Ou | - | |
| Juvenile Services: Other Services: Stermensky, Dr. Gage Substance Abuse Services: | Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni | outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Ou g; Assessment: Pre-Treatment Assessment (Medicaid) | (417)413-0085 ; Adult Non-Residential Se tance Abuse Evaluations; A | Family Sessions- (308)832-4844 rvices Outpatient - Juvenile Non- |
| Juvenile Services: Other Services: Stermensky, Dr. Gage Substance Abuse Services: Mental Health Services: Juvenile Services: | Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who Who Sexually Harm; Assessment: Pre-Treatment Assessment: Juvenile Who Sexually Harm Risk A | Autpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Ou g; Assessment: Pre-Treatment Assessment (Medicaid) 1811 Avenue A Scottsbluff NB 69361 aluations; Adult Non-Residential Services Outpatient - Groups ive Outpatient Treatment; Juvenile Assessment Services Subs le Non-Residential Services Outpatient - Individual to-Occurring; Adults who Sexually Harm Evaluation; Psycholog utpatient Therapy including Group Sessions-Mental Health; Ou Sexually Harm; Outpatient Therapy - Co-occurring; Intensive O t Assessment (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status | (417)413-0085 (417)413-0085 (Adult Non-Residential Sectance Abuse Evaluations) (gical Evaluation; Outpatient (tipatient Therapy including (butpatient: Intensive Outpat | Family Sessions- (308)832-4844 rvices Outpatient - Juvenile Non- t Therapy Family Sessions- cient Therapy-Youth |
| Juvenile Services: Other Services: Stermensky, Dr. Gage Substance Abuse Services: Mental Health Services: Juvenile Services: | Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Youth Who Who Sexually Harm; Assessment: Pre-Treatment | Autpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Ou g; Assessment: Pre-Treatment Assessment (Medicaid) 1811 Avenue A Scottsbluff NB 69361 aluations; Adult Non-Residential Services Outpatient - Groups ive Outpatient Treatment; Juvenile Assessment Services Subs le Non-Residential Services Outpatient - Individual to-Occurring; Adults who Sexually Harm Evaluation; Psycholog utpatient Therapy including Group Sessions-Mental Health; Ou Sexually Harm; Outpatient Therapy - Co-occurring; Intensive O t Assessment (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status | (417)413-0085 (417)413-0085 (Adult Non-Residential Sectance Abuse Evaluations) (gical Evaluation; Outpatient (tipatient Therapy including (butpatient: Intensive Outpat | Family Sessions- (308)832-4844 rvices Outpatient - Juvenile Non- t Therapy Family Sessions- cient Therapy-Youth |
| Juvenile Services: Other Services: Stermensky, Dr. Gage Substance Abuse Services: Mental Health Services: Juvenile Services: | Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who Who Sexually Harm; Assessment: Pre-Treatment Assessment: Juvenile Who Sexually Harm Risk A | Autpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Ou g; Assessment: Pre-Treatment Assessment (Medicaid) 1811 Avenue A Scottsbluff NB 69361 aluations; Adult Non-Residential Services Outpatient - Groups ive Outpatient Treatment; Juvenile Assessment Services Subs le Non-Residential Services Outpatient - Individual to-Occurring; Adults who Sexually Harm Evaluation; Psycholog utpatient Therapy including Group Sessions-Mental Health; Ou Sexually Harm; Outpatient Therapy - Co-occurring; Intensive O t Assessment (Medicaid); Assessment: Mental Status Exam (Medicaid); Assessment: Mental Status | (417)413-0085 (417)413-0085 (Adult Non-Residential Sectance Abuse Evaluations) (gical Evaluation; Outpatient (tipatient Therapy including (butpatient: Intensive Outpat | Family Sessions- (308)832-4844 rvices Outpatient - Juvenile Non- t Therapy Family Sessions- cient Therapy-Youth |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|---------------------|
| Boyce, Shelley | Shelley K Boyce, LIMHP, CPC | 314 S 14th St Suite 101 Ord NB 68862 | (308)728-9979 | (308)728-9980 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Eating [| Disorder |
| Other Services: | Sliding Fee Scale; | | | |
| Florez, Thomas | Thomas B Florez | 403 Lexington Circle Grand Island NB 68803 | (308)370-1667 | |
| | Individual; Adult Non-Residential Services Outpa Residential Services Outpatient - Family; Juvenile Treatment | raluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subst e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | ance Abuse Evaluati idential Services Out | ons; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Adults who Sexually Harm Evaluation; Outpatient Thera | ару | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Pre-Treatment Assessment (Medicaid); Assessm | utpatient Therapy including Family Sessions-Mental Health; Outpatie ient: Co-Occurring | nt Therapy - Co-occu | ırring; Assessment: |
| Other Services: | Sliding Fee Scale; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | al Evaluation; Assess | ment: Juvenile Who |
| Other Services: | | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| 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/Edu es Outpatient - Groups; Adult Non-Residential Services Ou rvices Outpatient - Co-Occurring Treatment; Adult Non-Res Evaluations; Juvenile Non-Residential Services Intervention al Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring T | tpatient - Family; Adult Non-Res sidential Services Intensive Outp on/Education; Juvenile Non-Res Services Outpatient - Family; Ju | sidential Services patient Treatment; sidential Services venile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health der; Assessment: Pre-Treatment Assessment (Medicaid) | ; Outpatient Therapy including F | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Edu ent - Family; Adult Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment; Juvenile Assessn ; Juvenile Non-Residential Services Outpatient - Groups; J ndividual; Juvenile Non-Residential Services Outpatient - C Outpatient Therapy | dividual; Adult Non-Residential nent Services Substance Abuse uvenile Non-Residential Service | Services Outpatient - Evaluations; Juveniles Outpatient - Family |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health g; Assessment: Pre-Treatment Assessment (Medicaid) | ; Outpatient Therapy including F | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intensi | aluations; Adult Non-Residential Services Outpatient - Gro ive Outpatient Treatment; Juvenile Assessment Services S le Non-Residential Services Outpatient - Individual | | |
| Mental Health Services: | | co-Occurring; Adults who Sexually Harm Evaluation; Psych | ological Evaluation; Outpatient | Therapy |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Contemport | utpatient Therapy including Group Sessions-Mental Health | | amily Sessions- |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | Sexually Harm; Outpatient Therapy - Co-occurring; Intensiv t Assessment (Medicaid); Assessment: Mental Status Exa Assessment; Assessment: Co-Occurring | | |

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

| Name | Agency | Address | Phone | Fax | | |
|---------------------------|---|--|-------------------|---------------|--|--|
| 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 - 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; 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 - Individual | | | | | |
| | | Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient utpatient Therapy including Family Sessions-Mental Health | петару | | | |
| Other Services: | | | | | | |
| Weber, Kristi | Weber Behavioral Health | 942 N 13th Geneva NB 68361 | (402)759-3802 | (402)759-3803 | | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Co-Occurring | Treatment | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Outpatient Therapy; Media | cation Evaluation | | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Assessm Evaluation; Assessment: Mental Status Exam (MSE); Assessment: Me | | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|--|
| 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; A s Outpatient - Groups; Adult Non-Residential Services Outpatient - vices Outpatient - Co-Occurring Treatment; Adult Non-Residential S ducation; Juvenile Non-Residential Services Care Monitoring SA/MI rvices Outpatient - Family; Juvenile Non-Residential Services Outp venile Non-Residential Services Intensive Outpatient Treatment | Family; Adult Non-Re Services Intensive Out H; Juvenile Non-Resid | sidential Services patient Treatment; lential Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie ; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; g | | |
| Other Services: | Sliding Fee Scale; | 5 | | |
| 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 | ly; Adult Non-Residential Services Outpatient - Individual; Adult Non ervices Outpatient - Family; Juvenile Non-Residential Services Outp | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpati | ent Therapy - Co-occu | urring; Assessment: |
| 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 | • | venile Assessment S | ervices Substance |
| | Pre-Treatment Assessment (bio-psychosocial); C | | The second is a body of | F ' bO ' |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien; Assessment: Pre-Treatment Assessment (Medicaid); Assessment | | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Crouch, Samuel | Valley Youth Connections | 29 S Beltline HWY W Scottsbluff NB 69361 | (308)225-0500 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | utpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy in ental Health; Intensive Outpatient: Intensive Outpatient Therapy-Me | | |
| Other Services: | Sliding Fee Scale; | | | |

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

| Name | Agency | Address | Phone | Fax |
|---|--|---|---|--|
| Crouch, Samuel | Cirrus House Inc | 1509 1st Ave Scottsbluff NB 69361 | (308)635-1488 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Educa ent - Individual; Juvenile Assessment Services Substance Abu I Services Outpatient - Groups; Juvenile Non-Residential Serv | se Évaluations; Juvenile Nor | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; C | utpatient Therapy - Eating Di | isorder; Outpatient |
| Other Services: | Sliding Fee Scale; | nent Assessment (Medicaid); Assessment: Co-Occurring | | |
| 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 Outpa Residential Services Intervention/Education; Juve Occurring Treatment Juvenile Pre-Treatment Assessment (PTA); Juve Therapy Outpatient Therapy - Individual-Mental Health; O | valuations; Adult Non-Residential Services Intervention/Educa titent - Co-Occurring Treatment; Juvenile Assessment Service enile Non-Residential Services Outpatient - Individual; Juvenil enile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment utpatient Therapy including Family Sessions-Mental Health; C nent: Mental Status Exam (MSE); Assessment: Co-Occurring | s Substance Abuse Evaluation e Non-Residential Services (ent (bio-psychosocial); Co-Oc | ons; Juvenile Non- Dutpatient - Co- ccurring; Outpatient |
| Estrada, Marcia | | 3321 Avenue I Suite #3 Scottsbluff NB 69361-4587 | (308)631-6129 | (308)635-7412 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations; Juvenile Assessment Services Substance Abuse E | valuations | |
| | Therapy Outpatient Therapy - Individual-Mental Health; O | enile Co-Occurring Evaluation (C/O); Pre-Treatment Assessmu utpatient Therapy including Family Sessions-Mental Health; C nent: Mental Status Exam (MSE); Assessment: Co-Occurring | | 0. 1 |
| Freudenburg, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Health; C rder | utpatient Therapy including F | Family Sessions- |
| Other Services: | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---|
| Harding, Maryah | Inspirit Counseling | 709 W 4th St Suite 2 Chadron NB 69337 | (308)430-1944 | (775)667-6079 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health | | | |
| Other Services: | | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenine Services. | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpat | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental apy including Family Sessions-Mental Health; Outpatient Therapy - E tient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatier caid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster | ating Disorder; Outpa ht Therapy-Youth Wh | atient Therapy - Co- to Sexually Harm; |
| Other Services: | | | | |
| Milander-Mace, Amanda | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Outpatient Therapy | | |
| Juvenile Services: | | Non-Treatment: Anger Management Class; Outpatient Therapy - Indiv tient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessn | | Outpatient Therapy |
| Other Services: | | | | |
| Millard, Laurie | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | 1 12 | | |
| Juvenile Services: | Supervised Visitation; Non-Treatment: Day Repo Education Class; Outpatient Therapy - Individual Family Sessions-Mental Health; Outpatient Ther | eatment: Tracker (Except Douglas County); Non-Treatment: Intensive orting; Non-Treatment: Evening Reporting; Non-Treatment: Anger Ma I-Mental Health; Outpatient Therapy including Group Sessions-Menta apy - Eating Disorder; Community Treatment Aide; Intensive Outpatien t- Eating Disorder; Intensive Outpatient: Intensive Outpatient Therapy : Mental Status Exam (MSE); | nagement Class; No I Health; Outpatient ent: Intensive Outpati | n-Treatment: Gener Therapy including ent Therapy-Mental |

| Name | Agency | Address | Phone | Fax |
|---|--|---|--|--|
| Other Services: | Contracted Services: Tracker; Contracted Servic Bilingual Services; | ces: Electronic Monitoring | | |
| Price, Amanda | Inspirit Counseling | 709 W 4th St Suite 2 Chadron NB 69337 | (308)430-1944 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Outpatient Therapy | | |
| | Mental Health; Assessment: Pre-Treatment Asse | Dutpatient Therapy including Group Sessions-Mental Health; essment (Medicaid) | Outpatient Therapy including Fa | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Raney, Sandra | Open Door | 1870 9th St Gering NB 69341 | (308)225-4335 (| (308)633-2020 |
| Mental Health Services: | Residential Services Outpatient - Co-Occurring Juvenile Pre-Treatment Assessment (PTA); Juve | Treatment renile Co-Occurring Evaluation (C/O); Pre-Treatment Assessi | ment (hio-psychosocial): Co-Occ | |
| | Evening Reporting; Non-Treatment: Anger Mana Outpatient Therapy including Group Sessions-M | reatment: Supervised Visitation; Non-Treatment: Tutoring; No agement Class; Non-Treatment: General Education Class; O Mental Health; Outpatient Therapy including Family Sessions- apy-Mental Health; Assessment: Pre-Treatment Assessment | on-Treatment: Day Reporting; No Dutpatient Therapy - Individual-M -Mental Health; Outpatient Thera | on-Treatment: ental Health; apy - Co-occurring |
| | Non-Treatment: Family Support Worker; Non-Tr Evening Reporting; Non-Treatment: Anger Mana Outpatient Therapy including Group Sessions-M Intensive Outpatient: Intensive Outpatient Thera (MSE); Assessment: Co-Occurring | reatment: Supervised Visitation; Non-Treatment: Tutoring; No agement Class; Non-Treatment: General Education Class; O Iental Health; Outpatient Therapy including Family Sessions- | on-Treatment: Day Reporting; No Dutpatient Therapy - Individual-M -Mental Health; Outpatient Thera | on-Treatment: ental Health; apy - Co-occurring |
| Other Services: Starman, Beverly Substance Abuse Services: Mental Health Services: | Non-Treatment: Family Support Worker; Non-Tr Evening Reporting; Non-Treatment: Anger Mana Outpatient Therapy including Group Sessions-M Intensive Outpatient: Intensive Outpatient Thera (MSE); Assessment: Co-Occurring Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity Adult Assessment Services Substance Abuse E Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Non-Residential Services Intervention/Educatior Juvenile Non-Residential Services Outpatient - I Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); (Outpatient Therapy - Individual-Mental Health; C | reatment: Supervised Visitation; Non-Treatment: Tutoring; No agement Class; Non-Treatment: General Education Class; O Aental Health; Outpatient Therapy including Family Sessions- apy-Mental Health; Assessment: Pre-Treatment Assessment 4432 Sunrise Place Columbus NB 68601 Evaluations; Adult Non-Residential Services Intervention/Educ ient - Family; Adult Non-Residential Services Outpatient - Ind Services Intensive Outpatient Treatment; Juvenile Assessment n; Juvenile Non-Residential Services Outpatient - Groups; Ju Individual; Juvenile Non-Residential Services Outpatient - Co | on-Treatment: Day Reporting; No Dutpatient Therapy - Individual-M -Mental Health; Outpatient Thera (Medicaid); Assessment: Mental (402)370-3140 cation; Adult Non-Residential Se dividual; Adult Non-Residential Se usent Services Substance Abuse E uvenile Non-Residential Services o-Occurring Treatment; Juvenile | on-Treatment: ental Health; apy - Co-occurring I Status Exam rvices Outpatient ervices Outpatient Evaluations; Juve Outpatient - Fan Non-Residential |

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|---|--|------------------------|---------------------|
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juven | valuations; Adult Non-Residential Services Outpatient - Groups; Adu sive Outpatient Treatment; Juvenile Assessment Services Substance ile Non-Residential Services Outpatient - Individual Co-Occurring; Adults who Sexually Harm Evaluation; Psychological I | Abuse Evaluations; | Juvenile Non- |
| | Mental Health; Outpatient Therapy - Youth Who Who Sexually Harm; Assessment: Pre-Treatmer Assessment: Juvenile Who Sexually Harm Risk | Dutpatient Therapy including Group Sessions-Mental Health; Outpatien Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpat Int Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment; Assessment: Co-Occurring | ient: Intensive Outpat | tient Therapy-Youth |
| | Sliding Fee Scale; | | / | |
| Sullivan, Michael | Michael Sullivan Counseling | 208 N. 5th St. Norfolk NB 68701-4155 | (402)750-7923 | (402)226-5161 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Outpatient - Groups; Adu ent - Individual; Adult Non-Residential Services Outpatient - Co-Occu | | rvices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); (| Outpatient Therapy | - | |
| Juvenile Services: | | | | |
| 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 | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; ervices Intervention/Education; Juvenile Non-Residential Services Ou | Juvenile Assessment | Services Substance |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: Other Services: | Non-Treatment: Family Support Worker; Assess | ment: Pre-Treatment Assessment (Medicaid) | | |

| 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 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Residential Servic Residential Services Intervention/Education; Juve | raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; ces Short Term Residential; Juvenile Assessment Services Substar enile Non-Residential Services Outpatient - Groups; Juvenile Non-R ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | Adult Non-Residential ace Abuse Evaluations residential Services O | Services Outpatient ; Juvenile Non- utpatient - Family; |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; Outpati | ent Therapy - Co-occu | urring |
| Other Services: | Sliding Fee Scale; | | | |
| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | | raluations; Adult Non-Residential Services Intervention/Education; A ant - Family; Adult Non-Residential Services Outpatient - Individual; | | |
| | | Services Intensive Outpatient Treatment; Adult Residential Services | | |
| Mental Health Services: Juvenile Services: | Co-Occurring Treatment; Adult Non-Residential S Pre-Treatment Assessment (bio-psychosocial); C | Services Intensive Outpatient Treatment; Adult Residential Services | | |
| Juvenile Services: | Co-Occurring Treatment; Adult Non-Residential S Pre-Treatment Assessment (bio-psychosocial); C | Services Intensive Outpatient Treatment; Adult Residential Services | | |
| Juvenile Services: | Co-Occurring Treatment; Adult Non-Residential S Pre-Treatment Assessment (bio-psychosocial); C | Services Intensive Outpatient Treatment; Adult Residential Services | | |
| Juvenile Services: Other Services: Barritt, Samantha | Co-Occurring Treatment; Adult Non-Residential S Pre-Treatment Assessment (bio-psychosocial); C Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity Adult Emergency Services Social Detox; Adult As Adult Non-Residential Services Care Monitoring S Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Assessment Services Substance Abuse Evaluation Monitoring SA/MH; Juvenile Non-Residential Services Services Services Services Services Services Services Services Substance Abuse Evaluation Monitoring SA/MH; Juvenile Non-Residential Services Service | Services Intensive Outpatient Treatment; Adult Residential Services | Dual Residential (MH (402)370-3140 dential Services Interv Non-Residential Servic rring Treatment; Adult rvices Short Term Res enile Non-Residential atient - Family; Juvenil | /SA) (402)370-3373 ention/Education; ces Outpatient - Non-Residential sidential; Juvenile Services Care e Non-Residential |
| Juvenile Services: Other Services: Barritt, Samantha Substance Abuse Services: | Co-Occurring Treatment; Adult Non-Residential S Pre-Treatment Assessment (bio-psychosocial); C Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity Adult Emergency Services Social Detox; Adult As Adult Non-Residential Services Care Monitoring S Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Assessment Services Substance Abuse Evaluatin Monitoring SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Services Non-Residential Servic | Services Intensive Outpatient Treatment; Adult Residential Services Co-Occurring; Outpatient Therapy 900 W Norfolk Ave Ste 200 Norfolk NB 68701 seessment Services Substance Abuse Evaluations; Adult Non-Resides SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult I nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu lesidential Services Dual Residential Services Intervention/Education; Juviv vices Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Intervention/Education; Juviv esidential Services Outpatient - Co-Occurring Treatment; Juvenile Non- | Dual Residential (MH (402)370-3140 dential Services Interv Non-Residential Servic rring Treatment; Adult rvices Short Term Res enile Non-Residential atient - Family; Juvenil | /SA) (402)370-3373 ention/Education; ces Outpatient - Non-Residential sidential; Juvenile Services Care e Non-Residential |
| Juvenile Services: Other Services: Barritt, Samantha Substance Abuse Services: Mental Health Services: | Co-Occurring Treatment; Adult Non-Residential S Pre-Treatment Assessment (bio-psychosocial); C Sliding Fee Scale; Behavioral Health Specialist/Seekers of Serenity Adult Emergency Services Social Detox; Adult As Adult Non-Residential Services Care Monitoring S Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Adult R Assessment Services Substance Abuse Evaluatie Monitoring SA/MH; Juvenile Non-Residential Ser Services Outpatient - Individual; Juvenile Non-Residential Services Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: Anger Management Class; Outp Outpatient Therapy including Family Sessions-Me | Services Intensive Outpatient Treatment; Adult Residential Services Co-Occurring; Outpatient Therapy 900 W Norfolk Ave Ste 200 Norfolk NB 68701 seessment Services Substance Abuse Evaluations; Adult Non-Resides SA/MH; Adult Non-Residential Services Outpatient - Groups; Adult I nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu lesidential Services Dual Residential Services Intervention/Education; Juviv vices Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Intervention/Education; Juviv esidential Services Outpatient - Co-Occurring Treatment; Juvenile Non- | Dual Residential (MH (402)370-3140 dential Services Interv Non-Residential Servic rring Treatment; Adult rvices Short Term Res enile Non-Residential atient - Family; Juvenil on-Residential Service ding Group Sessions-N apy - Co-occurring; Int | /SA) (402)370-3373 ention/Education; ces Outpatient - Non-Residential sidential; Juvenile Services Care e Non-Residential es Intensive Mental Health; tensive Outpatient: |

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

| Name | Agency | Ado | dress | Phone | Fax |
|---------------------------|--|---|---|---|---|
| Bowens Kissi Afare, | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 | South Sioux City NB 69887 | (402)494-3337 | |
| | Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | ent - Family; Adult Non-Residential Services Intensive Outpatient Trea ; Juvenile Non-Residential Service | Services Outpatient - Individual; Ac tment; Juvenile Assessment Service s Outpatient - Groups; Juvenile Nor | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient Evaluations; Juven es Outpatient - Fami |
| Mental Health Services: | | | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Outpatie | ent Therapy - Individual-Mental He | alth; Intensive Outpatient: Intensive | Outpatient Therapy | r-Mental Health |
| Other Services: | Sliding Fee Scale; | | | | |
| Brostad, Greg | Resolution Treatment Services | 505 5th Street Suite #225 Si | ioux city IA 51101 | (515)493-4787 | |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation | on; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Intensive Outpatient: Intensive Outpatient Therap | by-Youth Who Sexually Harm; Ass | Sessions-Mental Health; Outpatien essment: Pre-Treatment Assessme | t Therapy - Youth W nt (Medicaid); Asses | /ho Sexually Harm; ssment: Mental Statu |
| Other Services: | Exam (MSE); Assessment: Juvenile Who Sexual | ly Harm Risk Assessment | | | |
| Carmichael, Kirk | Carmichael Counseling | 214 N 7th Suite 11 Norfolk N | NB 68701 | (402)316-8800 | (402)644-1987 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ex Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Individual; | nt - Individual; Adult Non-Residenti Non-Residential Services Outpati | al Services Outpatient - Co-Occurri ent - Groups; Juvenile Non-Resider | ng Treatment; Juver ntial Services Outpa | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Co-Occurring | utpatient Therapy including Family | Sessions-Mental Health; Outpatien | nt Therapy - Co-occu | urring; Assessment: |
| Other Services: | | | | | |
| Cattau, Jeanne | Apex Therapy Service | 1306 Andrews Drive Box 116 | 63 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Outpatient: Intensive Outpatient Therapy-Mental | | | | |
| Other Services: | Sliding Fee Scale: | | | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|----------------------|--------------------|
| Clyde, Jessica | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: | - | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Commu | inity Treatment Aide | | |
| Other Services: | | | | |
| Davies, Paul | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Adults who Sexually Harm Evaluation; Outpatient Ther | ару | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- | eatment: Intensive Family Preservation; Non-Treatment: Supervised Treatment: Mentoring; Outpatient Therapy - Individual-Mental Health ating Disorder; Assessment: Pre-Treatment Assessment (Medicaid); | ; Outpatient Therapy | including Family |
| Other Services: | | | | |
| DeWalt, Jennifer | Jennifer S. DeWalt | 302 South 13 Street Norfolk NB 68701-4963 | (402)649-8366 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Hergott, Mariah | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services | valuations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; As Short Term Residential; Juvenile Assessment Services Substance A enile Non-Residential Services Outpatient - Family; Juvenile Non-Re Co-Occurring Treatment | dult Non-Residential | Services Intensive |
| | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Mental Health Services: | | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; / | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|--|
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychological Assess | ogical Evaluation; Asses | sment: Juvenile Who |
| Other Services: | | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Mental Health Services: | Non-Residential Services Intervention/Education | Services Intensive Outpatient Treatment; Juvenile Assessment S ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile idividual; Juvenile Non-Residential Services Outpatient - Co-Occ co-Occurring; Outpatient Therapy | e Non-Residential Servic | es Outpatient - Family |
| | Non-Treatment: Intensive Family Preservation; N Individual-Mental Health; Outpatient Therapy incl Therapy - Co-occurring; Intensive Outpatient: Inte | on-Treatment: Anger Management Class; Non-Treatment: Gene uding Group Sessions-Mental Health; Outpatient Therapy includi ensive Outpatient Therapy-Mental Health; Intensive Outpatient: In | ing Family Sessions-Mer | ntal Health; Outpatient |
| Other Services: | Assessment: Pre-Treatment Assessment (Medic | aid), Assessment. Co-Occurring | | |
| Larson, Beth | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | · · · | |
| Mental Health Services: | Outpatient Therapy | | | |
| | | ssessment: Pre-Treatment Assessment (Medicaid) | | |
| 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 Outpati | ssessment Services Substance Abuse Evaluations; Adult Non-Re ups; Adult Non-Residential Services Outpatient - Family; Adult No ent Treatment; Adult Residential Services Short Term Residentia vices Intervention/Education; Juvenile Non-Residential Services lential Services Outpatient - | on-Residential Services (al; Juvenile Assessment | Dutpatient - Individual; Services Substance |

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---|
| | Individual; Juvenile Non-Residential Services I | Intensive Outpatient Treatment | · | |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient The occurring; Intensive Outpatient: Intensive Outp | d); Out-Of-Home: Respite Care; Outpatient Therapy - Individual- erapy including Family Sessions-Mental Health; Outpatient Therapy- natient Therapy-Mental Health; Intensive Outpatient: Intensive O dicaid); Assessment: Mental Status Exam (MSE); Out-Of-Home: | apy - Eating Disorder; Outp utpatient Therapy-Youth Wł | atient Therapy - Co no Sexually Harm; |
| Other Services: | | | | |
| Milander-Mace, Amanda | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pr | e-Treatment Assessment (bio-psychosocial); Outpatient Therap | У | |
| Juvenile Services: | | ; Non-Treatment: Anger Management Class; Outpatient Therapy patient Therapy - Eating Disorder; Assessment: Pre-Treatment A | | Outpatient Therapy |
| Other Services: | | | | |
| Millard, Laurie | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | ; Outpatient Therapy | | |
| Juvenile Services: | Supervised Visitation; Non-Treatment: Day Re Education Class; Outpatient Therapy - Individu Family Sessions-Mental Health; Outpatient The Health; Intensive Outpatient: Intensive Outpati | Treatment: Tracker (Except Douglas County); Non-Treatment: Ir porting; Non-Treatment: Evening Reporting; Non-Treatment: An ial-Mental Health; Outpatient Therapy including Group Sessions erapy - Eating Disorder; Community Treatment Aide; Intensive C ent- Eating Disorder; Intensive Outpatient: Intensive Outpatient nt: Mental Status Exam (MSE); Contracted Services: Tracker; C | ger Management Class; No -Mental Health; Outpatient Dutpatient: Intensive Outpat Therapy-Co-occurring; Asse | n-Treatment: Gene Therapy including ient Therapy-Menta essment: Pre- |
| | | | | |

Other Services: Bilingual Services;

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|---|--|---|--|
| Mitchell, David | Associated Psychologists and Counselors | 1306 N 13th St Norfolk NB 68702 | (402)371-8218 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Psycholog | ical Evaluation; Outpatient Therapy | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Youth Who Sexually Harm; | Assessment: Psychological Evaluation; Assessment: Juveni | le Who Sexually Harm Risk As | sessment |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| Substance Abuse Services: | | cation; Adult Non-Residential Services Outpatient - Groups; / idual; Adult Non-Residential Services Outpatient - Co-Occur | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Ohde, Ashton | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient The ental Health; Outpatient Therapy - Eating Disorder | rapy including Group Sessions | -Mental Health; |
| Other Services: | + | ······································ | | |
| Petersen, Connie | Behavioral Health Specialist/Seekers of Serenity | 923 E Norfolk Ave Norfolk NB 68701 | (402)370-3140 (| 402)370-3373 |
| Substance Abuse Services: | Non-Residential Services Outpatient - Family; Ad Treatment; Adult Non-Residential Services Intens Substance Abuse Evaluations; Juvenile Non-Res | ssessment Services Substance Abuse Evaluations; Adult No ult Non-Residential Services Outpatient - Individual; Adult N sive Outpatient Treatment; Adult Residential Services Short idential Services Outpatient - Groups; Juvenile Non-Resider nile Non-Residential Services Outpatient - Co-Occurring Tre | on-Residential Services Outpat Ferm Residential; Juvenile Asse tial Services Outpatient - Famil | ient - Co-Occurring essment Services ly; Juvenile Non- |
| Mental Health Services: | • | o-Occurring; Psychological Evaluation; Outpatient Therapy | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; (;; Intensive Outpatient: Intensive Outpatient Therapy-Co-occ SE); Assessment: Psychological Evaluation; Assessment: C | urring; Assessment: Pre-Treatr | |

| Name | Agency | Address | Phone | Fax |
|--|--|--|--|--|
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); P | sychological Evaluation; Outpatient Therapy; Mental Health Intensive | e Management | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpatie nent Assessment (Medicaid); Assessment: Mental Status Exam (MSI Assessment | | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor- dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential ces Substance Abuse on-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juveni | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual co-Occurring; Adults who Sexually Harm Evaluation; Psychological E | Abuse Evaluations; | Juvenile Non- |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatie | | |
| | Mental Health; Outpatient Therapy - Youth Who S Who Sexually Harm; Assessment: Pre-Treatment Assessment: Juvenile Who Sexually Harm Risk A | Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpati t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); / | ent: Intensive Outpat | ient Therapy-Youth |
| Other Services | Sliding Fee Scale; | | | |
| Other Services. | | | | |
| Stortvedt, Mark | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Stortvedt, Mark Substance Abuse Services: | | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 Treatment Assessment (bio-psychosocial); Adults who Sexually Harr | () | · · / |

| Name | Agency | Address | Phone | Fax |
|---------------------------------------|---|--|--|---|
| Sullivan, Michael | Michael Sullivan Counseling | 208 N. 5th St. Norfolk NB 68701-4155 | (402)750-7923 | (402)226-5161 |
| | | raluations; Adult Non-Residential Services Outpatient - Groups; Adu ht - Individual; Adult Non-Residential Services Outpatient - Co-Occu Dutpatient Therapy | | rvices Outpatient - |
| Juvenile Services: 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 | raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; , rvices Intervention/Education; Juvenile Non-Residential Services Ou | Juvenile Assessment | Services Substance |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: Other Services: | Non-Treatment: Family Support Worker; Assessr | nent: Pre-Treatment Assessment (Medicaid) | | |
| Wagner, Alicia | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; <i>J</i> Services Intensive Outpatient Treatment; Juvenile Assessment Serv ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurri Co-Occurring; Outpatient Therapy | Adult Non-Residentia ices Substance Abus on-Residential Servic | l Services Outpatient e Evaluations; Juven es Outpatient - Fami |
| | Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; | | |
| Other Services. | Sliding Fee Scale; | | | |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/E | valuations; Adult Non-Residential Services Intervention/Education; A es Outpatient - Groups; Adult Non-Residential Services Outpatient - rvices Outpatient - Co-Occurring Treatment; Juvenile Assessment S ducation; Juvenile Non-Residential Services Outpatient - Groups; Ju patient - Individual; Juvenile Non-Residential Services Outpatient - C | Family; Adult Non-Re ervices Substance Al uvenile Non-Resident | esidential Services buse Evaluations; ial Services Outpatie |
| | Therapy Non-Treatment: Anger Management Class; Non- | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio Treatment: General Education Class; Outpatient Therapy - Individua ent Therapy including Family Sessions-Mental Health; Outpatient Th Co-Occurring | al-Mental Health; Out | patient Therapy |

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

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|-----------------------|-------------------------------------|
| Betka, Cindy | FGH Inc | 942 N 13th St. Geneva NB 68361 | (402)879-5959 | (402)759-3803 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual | ult Non-Residential | Services Outpatient - |
| | Pre-Treatment Assessment (bio-psychosocial); O | | | |
| Juvenile Services: | including Group Sessions-Mental Health; Outpatie | Treatment: General Education Class; Outpatient Therapy - Individual ent Therapy including Family Sessions-Mental Health; Outpatient The nent Assessment (Medicaid); Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | I Evaluation; Assess | sment: Juvenile Who |
| Other Services: | | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| | Non-Treatment: Day Reporting; Non-Treatment: 0 | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Outpatient | Therapy | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Disor Outpatient Therapy-Youth Who Sexually Harm; Ir | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental He rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme ment: Juvenile Who Sexually Harm Risk Assessment | ealth; Outpatient The | erapy - Youth Who ent: Intensive |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpatient | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental H py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: | ting Disorder; Outpa | atient Therapy - Co- |

| Name | Agency | | Address | Phone | Fax |
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| | Foster Care (Relative/Kinship) | | | | |
| Other Services: | | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Pla | ce Columbus NB 68601 | (402)370-3140 | |
| | 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 No Services Intensive Ou Juvenile Non-Resid dividual; Juvenile No | n-Residential Services Outpatient - Individual; A tpatient Treatment; Juvenile Assessment Servic ential Services Outpatient - Groups; Juvenile No | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| | Pre-Treatment Assessment (bio-psychosocial); O | , | | | |
| | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring | | | nt Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A | Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Adult Assessment Services Substance Abuse Evo Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil Pre-Treatment Assessment (bio-psychosocial); C | ve Outpatient Treatr e Non-Residential S | nent; Juvenile Assessment Services Substance ervices Outpatient - Individual | Abuse Evaluations; | Juvenile 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 | utpatient Therapy inc Sexually Harm; Outpate Assessment (Medic | luding Group Sessions-Mental Health; Outpatier atient Therapy - Co-occurring; Intensive Outpatie aid); Assessment: Mental Status Exam (MSE); / | nt Therapy including ent: Intensive Outpat | Family Sessions- ient Therapy-Youth |
| Other Services: | Sliding Fee Scale; | ····· , ···· | 5 | | |
| Trauernicht, Joellyn | 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 Ev. Groups; Adult Non-Residential Services Outpatie Extended Residential | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpati | ent Therapy | | |
| Juvenile Services: | | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Volnek, Ashley | CenterPointe | 2633 P St Linco | n NB 68503 | (402)475-8748 | (402)475-6728 |
| Substance Abuse Services: | Adult Residential Services Dual Residential (MH/ | SA) | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | | |
| Juvenile Services: | | | | | |
| Other Services: | | | | | |

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|------------------|---------------|
| Weber, Kristi | Weber Behavioral Health | 942 N 13th Geneva NB 68361 | (402)759-3802 | (402)759-3803 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Co-Occurring 7 | reatment | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre-T | Freatment Assessment (bio-psychosocial); Outpatient Therapy; Medic | ation Evaluation | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Assessmi Evaluation; Assessment: Mental Status Exam (MSE); Assessment: Me | | |

Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
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| Hageman, Wendy | Beacon of Hope Counseling Center LLC | 308 W 4th St North Platte NB 69101 | (308)532-0777 | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Se Juvenile Non-Residential Services Intervention/E Outpatient - Groups; Juvenile Non-Residential Se Services Outpatient - Co-Occurring Treatment | valuations; Adult Non-Residential Services Intervention/E es Outpatient - Groups; Adult Non-Residential Services rvices Outpatient - Co-Occurring Treatment; Juvenile As ducation; Juvenile Non-Residential Services Care Monit ervices Outpatient - Family; Juvenile Non-Residential Se | Outpatient - Family; Adult Non-Res sessment Services Substance Ab oring SA/MH; Juvenile Non-Reside | sidential Services use Evaluations; ential Services |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Eating Disor | utpatient Therapy including Group Sessions-Mental Hea | lth; Outpatient Therapy including F | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education | raluations; Adult Non-Residential Services Intervention/E ent - Family; Adult Non-Residential Services Outpatient - Services Intensive Outpatient Treatment; Juvenile Asses ; Juvenile Non-Residential Services Outpatient - Groups adividual; Juvenile Non-Residential Services Outpatient - | Individual; Adult Non-Residential asment Services Substance Abuse ; Juvenile Non-Residential Service | Services Outpatient - Evaluations; Juvenil s Outpatient - Family |
| | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Group Sessions-Mental Hea g; Assessment: Pre-Treatment Assessment (Medicaid) | Ith; Outpatient Therapy including F | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni | valuations; Adult Non-Residential Services Outpatient - C ive Outpatient Treatment; Juvenile Assessment Service le Non-Residential Services Outpatient - Individual | s Substance Abuse Evaluations; J | uvenile Non- |
| | | Co-Occurring; Adults who Sexually Harm Evaluation; Psy | • | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Hea Sexually Harm; Outpatient Therapy - Co-occurring; Inter t Assessment (Medicaid); Assessment: Mental Status E | sive Outpatient: Intensive Outpatie | ent Therapy-Youth |
| | Assessment: Juvenile Who Sexually Harm Risk / Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | -1 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | aluations; Adult Non-Residential Services Intervention/Education; Ac nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Adult Residential Services I | dult Non-Residential | Services Outpatient |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Other Services: | Sliding Fee Scale; | | | |
| Brostad, Greg | Resolution Treatment Services | 505 5th Street Suite #225 Sioux city IA 51101 | (515)493-4787 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie ny-Youth Who Sexually Harm; Assessment: Pre-Treatment Assessment U Harm Risk Assessment | | |
| Other Services: | | | | |
| Brown, Nicholas | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | aluations; Adult Non-Residential Services Intervention/Education; Ac es Outpatient - Groups; Adult Non-Residential Services Outpatient - I rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential S | Family; Adult Non-Re | sidential Services |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Cochran, Virginia | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ht - Individual; Adult Non-Residential Services Outpatient - Co-Occur e Assessment Services Substance Abuse Evaluations; Juvenile Non amily; Juvenile Non-Residential Services Outpatient - Individual; Juv al Services Intensive Outpatient Treatment | ring Treatment; Adult -Residential Services | Non-Residential Outpatient - Groups |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient | Therapy | |
| | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Contemport | utpatient Therapy - Co-occurring; Community Treatment Aide; Intens ient Assessment (Medicaid); Assessment: Mental Status Exam (MSE | sive Outpatient: Intens | sive Outpatient |
| Other Services: | Sliding Fee Scale; Hearing Impaired; Bilingual Se | | -/ | |

| Name | Agency | Address | Phone | Fax |
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| Freudenburg, Kendra | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatien | t Therapy including Fa | mily Sessions- |
| Other Services: | Mental Health; Outpatient Therapy - Eating Disor | der | | |
| Hamstra, Emily | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Education; Adu es Outpatient - Groups; Adult Non-Residential Services Outpatient - F rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se Evaluations; Juvenile Non-Residential Services Intervention/Education al Services Outpatient - Groups; Juvenile Non-Residential Services O enile Non-Residential Services Outpatient - Co-Occurring Treatment; Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient | amily; Adult Non-Resi ervices Intensive Outpa on; Juvenile Non-Resid utpatient - Family; Juv Juvenile Non-Resident | dential Services atient Treatment; dential Services enile Non- |
| | Non-Treatment: Anger Management Class; Non- including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy - Individual- ient Therapy including Family Sessions-Mental Health; Outpatient The Treatment Day Treatment-Mental Health; Assessment: Pre-Treatment | Mental Health; Outpat erapy - Co-occurring; In | ntensive Outpatier |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| | | dults who Sexually Harm Evaluation; Psychological Evaluation Assessment: Mental Status Exam (MSE); Assessment: Psychologica | I Evaluation; Assessm | ent: Juvenile Who |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| | Outpatient Therapy Non-Treatment: Day Reporting; Non-Treatment: Sliding Fee Scale; | General Education Class | | |

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| Name | Agency | Addr | ress | Phone | Fax |
| Loberg, Katie | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 N | lorfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: | Adult Emergency Services Social Detox; Adult Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Intensive Outpati Adult Non-Residential Services Intensive Outpati Abuse Evaluations; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential | Ips; Adult Non-Residential Services C ent Treatment; Adult Residential Services Intervention/Education; Juvenil | Outpatient - Family; Adult Non-Re rvices Short Term Residential; Juv ile Non-Residential Services Outp | sidential Services C venile Assessment S atient - Groups; Juv | Outpatient - Individual; Services Substance renile Non-Residentia |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | | |
| Juvenile Services: | | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68 | 8701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | | |
| | | | | | |
| | Pre-Treatment Assessment (bio-psychosocial) | | | | |
| | Pre-Treatment Assessment (bio-psychosocial) Out-Of-Home: Foster Care (Agency Supported); Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati Assessment: Pre-Treatment Assessment (Medic | py including Family Sessions-Mental ent Therapy-Mental Health; Intensive | I Health; Outpatient Therapy - Eat e Outpatient: Intensive Outpatient | ting Disorder; Outpa Therapy-Youth Wh | tient Therapy - Co- o Sexually Harm; |
| | Out-Of-Home: Foster Care (Agency Supported); Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | py including Family Sessions-Mental ent Therapy-Mental Health; Intensive | I Health; Outpatient Therapy - Eat e Outpatient: Intensive Outpatient | ting Disorder; Outpa Therapy-Youth Wh | tient Therapy - Co- o Sexually Harm; |
| Juvenile Services: | Out-Of-Home: Foster Care (Agency Supported); Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | py including Family Sessions-Mental ent Therapy-Mental Health; Intensive | Il Health; Outpatient Therapy - Eat e Outpatient: Intensive Outpatient am (MSE); Out-Of-Home: Foster C | ting Disorder; Outpa Therapy-Youth Wh | tient Therapy - Co- o Sexually Harm; |
| Juvenile Services: Other Services: Neuhalfen, Kristen | Out-Of-Home: Foster Care (Agency Supported); Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati Assessment: Pre-Treatment Assessment (Medic The Link, Inc. Adult Non-Residential Services Intervention/Educ Adult Non-Residential Services Outpatient - Indiv | py including Family Sessions-Mental ent Therapy-Mental Health; Intensive aid); Assessment: Mental Status Exa 1001 W Norfolk Ave. Norfolk N cation; Adult Non-Residential Service | Il Health; Outpatient Therapy - Eat e Outpatient: Intensive Outpatient am (MSE); Out-Of-Home: Foster C NB 68701 es Outpatient - Groups; Adult Non | ting Disorder; Outpa Therapy-Youth Wh Care (Relative/Kinsh (402)371-7213 -Residential Service | itient Therapy - Co- o Sexually Harm; ip) es Outpatient - Family |
| Juvenile Services: Other Services: Neuhalfen, Kristen Substance Abuse Services: | Out-Of-Home: Foster Care (Agency Supported); Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati Assessment: Pre-Treatment Assessment (Medic The Link, Inc. Adult Non-Residential Services Intervention/Educ | py including Family Sessions-Mental ent Therapy-Mental Health; Intensive aid); Assessment: Mental Status Exa 1001 W Norfolk Ave. Norfolk N cation; Adult Non-Residential Service idual; Adult Non-Residential Service | Il Health; Outpatient Therapy - Eat e Outpatient: Intensive Outpatient am (MSE); Out-Of-Home: Foster C NB 68701 es Outpatient - Groups; Adult Non | ting Disorder; Outpa Therapy-Youth Wh Care (Relative/Kinsh (402)371-7213 -Residential Service | itient Therapy - Co- o Sexually Harm; ip) es Outpatient - Family |
| Juvenile Services: Other Services: Neuhalfen, Kristen Substance Abuse Services: Mental Health Services: Juvenile Services: | Out-Of-Home: Foster Care (Agency Supported); Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati Assessment: Pre-Treatment Assessment (Medic The Link, Inc. Adult Non-Residential Services Intervention/Educ Adult Non-Residential Services Outpatient - Indiv Halfway-House | py including Family Sessions-Mental ent Therapy-Mental Health; Intensive aid); Assessment: Mental Status Exa 1001 W Norfolk Ave. Norfolk N cation; Adult Non-Residential Service idual; Adult Non-Residential Service | I Health; Outpatient Therapy - Eat e Outpatient: Intensive Outpatient am (MSE); Out-Of-Home: Foster C NB 68701 es Outpatient - Groups; Adult Non es Outpatient - Co-Occurring Treat | ting Disorder; Outpa Therapy-Youth Wh Care (Relative/Kinsh (402)371-7213 -Residential Service | itient Therapy - Co- o Sexually Harm; ip) es Outpatient - Family |
| Juvenile Services: Other Services: Neuhalfen, Kristen Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Peters, Martinique | Out-Of-Home: Foster Care (Agency Supported); Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati Assessment: Pre-Treatment Assessment (Medic The Link, Inc. Adult Non-Residential Services Intervention/Educ Adult Non-Residential Services Outpatient - Indiv Halfway-House Pre-Treatment Assessment (bio-psychosocial); C Heartland Counseling Services, Inc. Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie | py including Family Sessions-Mental ent Therapy-Mental Health; Intensive aid); Assessment: Mental Status Exa 1001 W Norfolk Ave. Norfolk N cation; Adult Non-Residential Service idual; Adult Non-Residential Services co-Occurring; Outpatient Therapy 917 W 21st St PO Box 355 S aluations; Adult Non-Residential Ser | I Health; Outpatient Therapy - Eat e Outpatient: Intensive Outpatient am (MSE); Out-Of-Home: Foster C NB 68701 es Outpatient - Groups; Adult Non es Outpatient - Co-Occurring Treat South Sioux City NB 69887 rvices Intervention/Education; Adu | ting Disorder; Outpa Therapy-Youth Wh Care (Relative/Kinsh (402)371-7213 -Residential Service Iment; Adult Residen (402)494-3337 | itient Therapy - Co- o Sexually Harm; ip) es Outpatient - Family ntial Services (402)494-3356 Services Outpatient - |
| Juvenile Services: Other Services: Neuhalfen, Kristen Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Peters, Martinique Substance Abuse Services: | Out-Of-Home: Foster Care (Agency Supported); Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati Assessment: Pre-Treatment Assessment (Medic The Link, Inc. Adult Non-Residential Services Intervention/Educ Adult Non-Residential Services Outpatient - Indiv Halfway-House Pre-Treatment Assessment (bio-psychosocial); C Heartland Counseling Services, Inc. | py including Family Sessions-Mental ent Therapy-Mental Health; Intensive aid); Assessment: Mental Status Exa 1001 W Norfolk Ave. Norfolk N cation; Adult Non-Residential Service idual; Adult Non-Residential Service co-Occurring; Outpatient Therapy 917 W 21st St PO Box 355 S aluations; Adult Non-Residential Ser nt - Family; Adult Non-Residential Ser | I Health; Outpatient Therapy - Eat e Outpatient: Intensive Outpatient am (MSE); Out-Of-Home: Foster C NB 68701 es Outpatient - Groups; Adult Non es Outpatient - Co-Occurring Treat South Sioux City NB 69887 rvices Intervention/Education; Adu | ting Disorder; Outpa Therapy-Youth Wh Care (Relative/Kinsh (402)371-7213 -Residential Service Iment; Adult Residen (402)494-3337 | itient Therapy - Co- o Sexually Harm; ip) es Outpatient - Family ntial Services (402)494-3356 Services Outpatient - |
| Juvenile Services: Other Services: Neuhalfen, Kristen Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Peters, Martinique Substance Abuse Services: | Out-Of-Home: Foster Care (Agency Supported); Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati Assessment: Pre-Treatment Assessment (Medic The Link, Inc. Adult Non-Residential Services Intervention/Educ Adult Non-Residential Services Outpatient - Indiv Halfway-House Pre-Treatment Assessment (bio-psychosocial); C Heartland Counseling Services, Inc. Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Outpatient Treatment | py including Family Sessions-Mental ent Therapy-Mental Health; Intensive aid); Assessment: Mental Status Exa 1001 W Norfolk Ave. Norfolk N cation; Adult Non-Residential Service idual; Adult Non-Residential Service co-Occurring; Outpatient Therapy 917 W 21st St PO Box 355 S aluations; Adult Non-Residential Ser nt - Family; Adult Non-Residential Ser | I Health; Outpatient Therapy - Eat e Outpatient: Intensive Outpatient am (MSE); Out-Of-Home: Foster C NB 68701 es Outpatient - Groups; Adult Non es Outpatient - Co-Occurring Treat South Sioux City NB 69887 rvices Intervention/Education; Adu | ting Disorder; Outpa Therapy-Youth Wh Care (Relative/Kinsh (402)371-7213 -Residential Service Iment; Adult Residen (402)494-3337 | itient Therapy - Co- o Sexually Harm; ip) es Outpatient - Family ntial Services (402)494-3356 Services Outpatient - |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---|
| Polk, Kelley | Premier Counseling Services PLLC | 2004 S Saint Aubin St Suite 101 Sioux City IA 51106 | (712)870-1445 | (712)248-8866 |
| | Adult Assessment Services Substance Abuse Ev Individual; Adult Non-Residential Services Outpar Pre-Treatment Assessment (bio-psychosocial); C | 6 | ult Non-Residential Ser | vices Outpatient - |
| | | ssessment: Pre-Treatment Assessment (Medicaid); Assessment: N | /lental Status Exam (M | SE) |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); P | sychological Evaluation; Outpatient Therapy; Mental Health Intens | sive Management | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpa nent Assessment (Medicaid); Assessment: Mental Status Exam (M Assessment | | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | raluations; Adult Non-Residential Services Intervention/Education; ent - Family; Adult Non-Residential Services Outpatient - Individual Services Intensive Outpatient Treatment; Juvenile Assessment Ser ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile ndividual; Juvenile Non-Residential Services Outpatient - Co-Occu | ; Adult Non-Residentia vices Substance Abus Non-Residential Servic | Services Outpatient e Evaluations; Juveni es Outpatient - Famil |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpa g; Assessment: Pre-Treatment Assessment (Medicaid) | tient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juveni | aluations; Adult Non-Residential Services Outpatient - Groups; Ad ive Outpatient Treatment; Juvenile Assessment Services Substand le Non-Residential Services Outpatient - Individual | ce Abuse Evaluations; | Juvenile Non- |
| | | Co-Occurring; Adults who Sexually Harm Evaluation; Psychological | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who S | utpatient Therapy including Group Sessions-Mental Health; Outpa Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpa t Assessment (Medicaid); Assessment: Mental Status Exam (MSE Assessment; Assessment: Co-Occurring | atient: Intensive Outpat | ient Therapy-Youth |
| Other Services: | Sliding Fee Scale; | - | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|--|
| Sullivan, Michael | Michael Sullivan Counseling | 208 N. 5th St. Norfolk NB 68701-4155 | (402)750-7923 | (402)226-5161 |
| | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr utpatient Therapy | | vices Outpatient - |
| Walton, Robert | AMH Counseling | 802 W Norfolk Suite 1 Norfolk NB 68601 | (402)841-3791 | (402)563-2728 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Non-Residential Services Intervention/Ed | aluations; Adult Non-Residential Services Intervention/Education; Ad es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Juvenile Assessment Se ducation; Juvenile Non-Residential Services Outpatient - Groups; Juv atient - Individual; Juvenile Non-Residential Services Outpatient - Co | amily; Adult Non-Re rvices Substance Ab /enile Non-Residenti | sidential Services use Evaluations; al Services Outpatient |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- | psychosocial); Co-O | ccurring; Outpatient |
| | Non-Treatment: Anger Management Class; Non- | Treatment: General Education Class; Outpatient Therapy - Individual ent Therapy including Family Sessions-Mental Health; Outpatient The Co-Occurring | | |

| Name | Agency | Address | Phone | Fax |
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| Boyce, Shelley | Shelley K Boyce, LIMHP, CPC | 314 S 14th St Suite 101 Ord NB 68862 | (308)728-9979 | (308)728-9980 |
| Substance Abuse Services: | | | | . , |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O | utpatient Therapy including Family Sessions-Mental Health; (| Outpatient Therapy - Eating I | Disorder |
| 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 |
| | | | | |
| Juvenile Services: Other Services: | | 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-Resident | valuations; Adult Non-Residential Services Intervention/Educa ent - Family; Adult Non-Residential Services Outpatient - Indiv ial Services Intervention/Education; Juvenile Non-Residential e Non-Residential Services Outpatient - Individual; Juvenile N | vidual; Adult Non-Residential Services 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; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Psychological Evaluation | on | |
| Juvenile Services: | | Assessment: Mental Status Exam (MSE); Assessment: Psyc | chological Evaluation; Assess | ment: Juvenile Who |
| Other Services: | Sexually Harm Risk Assessment | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: Mental Health Services: | Outpatient Therapy | | | |

| Name | Agency | Address | Phone | Fax |
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| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Kennedy, Jr., William T. | | 2267 N Webb Rd Grand Island NB 68803 | (308)390-6948 | (308)624-2164 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual | ult Non-Residential | Services Outpatient |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| 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 | aluations; Adult Non-Residential Services Care Monitoring SA/MH; A nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Adult Residential Services D | dult Non-Residential | Services Outpatier |
| | SA/MH; Juvenile Non-Residential Services Outpa | enile Assessment Services Substance Abuse Evaluations; Juvenile National Assessment Services Substance Abuse Evaluations; Juvenile Nation - Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Resider | lon-Residential Serv /; Juvenile Non-Resi | vices Care Monitorini idential Services |
| Mental Health Services: | SA/MH; Juvenile Non-Residential Services Outpa Outpatient - Individual; Juvenile Non-Residential | enile Assessment Services Substance Abuse Evaluations; Juvenile Natient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Resider | lon-Residential Serv /; Juvenile Non-Resi | vices Care Monitorir idential Services |
| | SA/MH; Juvenile Non-Residential Services Outpa Outpatient - Individual; Juvenile Non-Residential Treatment Pre-Treatment Assessment (bio-psychosocial); C | enile Assessment Services Substance Abuse Evaluations; Juvenile Natient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Resider | lon-Residential Serv /; Juvenile Non-Resi | vices Care Monitorir idential Services |
| Juvenile Services: | SA/MH; Juvenile Non-Residential Services Outpa Outpatient - Individual; Juvenile Non-Residential Treatment Pre-Treatment Assessment (bio-psychosocial); C | enile Assessment Services Substance Abuse Evaluations; Juvenile Natient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Resider co-Occurring; Outpatient Therapy | lon-Residential Serv /; Juvenile Non-Resi | vices Care Monitorir idential Services |
| Juvenile Services: Other Services: McDowell, Meredith | SA/MH; Juvenile Non-Residential Services Outpa Outpatient - Individual; Juvenile Non-Residential Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Co-occurring; Intensive Out Sliding Fee Scale; Monty Shultz Counseling and NeuroFeedback | enile Assessment Services Substance Abuse Evaluations; Juvenile Natient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Resider to-Occurring; Outpatient Therapy patient: Intensive Outpatient Therapy-Co-occurring 2002 Central Ave Kearney NB 68847-4473 | lon-Residential Serv ; Juvenile Non-Res tial Services Intensi (308)708-9379 | vices Care Monitorin idential Services ive Outpatient |
| Juvenile Services: Other Services: McDowell, Meredith Substance Abuse Services: Mental Health Services: | SA/MH; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Residential Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Co-occurring; Intensive Out Sliding Fee Scale; Monty Shultz Counseling and NeuroFeedback Adult Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Service Juvenile Assessment Services Substance Abuse Ev Monitoring SA/MH; Adult Non-Residential Service Care Monitoring SA/MH; Juvenile Non-Residential Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Ou | enile Assessment Services Substance Abuse Evaluations; Juvenile Natient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Resider to-Occurring; Outpatient Therapy patient: Intensive Outpatient Therapy-Co-occurring 2002 Central Ave Kearney NB 68847-4473 aluations; Adult Non-Residential Services Intervention/Education; Adu as Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education al Services Outpatient - Groups; Juvenile Non-Residential Services Intervention/Education al Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient; Adult Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient; Adult Non-Residential Services Outpatient - Groups; Juvenile | Ion-Residential Serv y; Juvenile Non-Resi tial Services Intensi (308)708-9379 ult Non-Residential S amily; Adult Non-Re ervices Intensive Our on; Juvenile Non-Re utpatient - Family; J Juvenile Non-Reside | vices Care Monitori idential Services ive Outpatient Services Care esidential Services tpatient Treatment esidential Services uvenile Non- ential Services |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|---|
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental H py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster (| ting Disorder; Outpa t Therapy-Youth Wh | tient Therapy - Co- o Sexually Harm; |
| Other Services: | | | | |
| Schulenberg, Amber | Midwest Country Clinic | Box 26 202 East HWY 20 Bassett NB 68714 | (402)380-9249 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | raluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non adividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid) | t Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Stennis, Gladys | Infinite Avenues Counseling | 7117 Farnam St Suite 17 Omaha NB 68132 | (402)905-6296 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax | | |
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| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 | | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Intensi | aluations; Adult Non-Residential Services Outpatient - Groups; Adult l ive Outpatient Treatment; Juvenile Assessment Services Substance A le Non-Residential Services Outpatient - Individual | | | | |
| Mental Health Services: | | re-Treatment Assessment (bio-psychosocial); Co-Occurring; Adults who Sexually Harm Evaluation; Psychological Evaluation; Outpatient Therapy | | | | |
| | 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 Outpatien t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A Assessment; Assessment: Co-Occurring | nt: 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 | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Substance Abuse Evaluations; Juvenile Non-Residential Serv I; Juvenile Non-Residential Services Outpatient - Groups; Juvenile No tient - Individual | lult Non-Residential ices Intervention/Ec | Services Outpatient ducation; Juvenile | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient 7 | Therapy | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Content of the second s | utpatient Therapy including Family Sessions-Mental Health | | | | |
| Other Services: | | | | | | |
| Williamson, Michael | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | | | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | | | |
| | Outpatient Therapy including Family Sessions-Me Treatment Assessment (Medicaid); Assessment: | atient Therapy - Individual-Mental Health; Outpatient Therapy includin ental Health; Outpatient Therapy - Eating Disorder; Outpatient Therap Co-Occurring | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |

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| Name | Agency | Address | Phone | Fax |
| Ajlouny, Alestin | At Peace Therapy LLC | 268 N. 115th St, Suite 1 Omaha NB 68154 | (402)413-9919 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | Non-Residential Serving Treatment; Adult | rices Outpatient - Non-Residential |
| Mental Health Services: Juvenile Services: | | o-Occurring; Crisis Stabilization; Outpatient Therapy | | |
| Other Services: | Sliding Fee Scale; | | | |
| Bendy, Laurie | | 11840 Nicholas Street, Suite 200 Omaha NB 68154 | (402)807-2569 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | rices Outpatient - |
| | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | - | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Beyer, Kara | Beyer Counseling Services LLC | 1406 Veterans Drive Suite 205 Elkhorn NB 68022 | (402)707-4899 | |
| | Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy utpatient Therapy including Family Sessions-Mental Health; Outpatie | vices Intervention/Edu Residential Services O | ication; Juvenile utpatient - Individua |
| Other Services: | Sliding Fee Scale; | "'9 | | |
| Biniamow, Judi | Wiles Counseling & Assessment, Inc. | 7551 Main St. Suite 250 Ralston NB 68127 | (402)964-2092 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr | | rices Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | 5 | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Braun, Diane | Braun Counseling Services, LLC | 8031 W Center Rd Suite 324 Omaha NB 68124 | (402)980-7600 | (402)502-5102 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ac nt - Family; Adult Non-Residential Services Outpatient - Individual; A | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax | | |
|---|---|--|--|---|--|--|
| Broekemeier, Robert | Robert Broekemeier Counseling LLC | 268 N 115th St Suite 1 Omaha NB 68154 | (402)965-1564 | (402)260-7125 | | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien | aluations; Adult Non-Residential Services Outpatient - Groups; Adul t - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Outpatient - Family; Juvenile Non-Reside o-Occurring Treatment | ring Treatment; Juve | nile Assessment | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | - | | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | Dutpatient Therapy - Individual-Mental Health; Outpatient Therapy including Family Sessions-Mental Health; Outpatient Therapy - Co-occurring | | | | |
| Other Services: | | | | | | |
| Bruce, Ramanda | Aspirations Counseling | 1941 S 42nd St Suite 528 Omaha NB 68105 | (402)880-5253 | | | |
| Substance Abuse Services: | Maintenance; Adult Non-Residential Services Out | aluations; Adult Non-Residential Services Intervention/Education; A tpatient - Groups; Adult Non-Residential Services Outpatient - Fami vices Intensive Outpatient Treatment; Adult Non-Residential Service | y; Adult Non-Resider | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | | | |
| Juvenile Services: | | | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Carlson, Stanley | Carlson Counseling Services LLC | 230 E 22nd St Ste 3 Fremont NB 68025 | (402)721-8805 | (402)727-4839 | | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Juvenile Assessment Services Subs e Non-Residential Services Outpatient - Individual; Juvenile Non-Re | stance Abuse Evaluat | ions; Juvenile Non- | | |
| Mental Health Services: | | nile Co-Occurring Evaluation (C/O); Juvenile Youth Who Sexually H dults who Sexually Harm Evaluation; Outpatient Therapy | arm Evaluation (YWS | SH); Pre-Treatment | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Family Sessions-Mental Health; Outpatie Pre-Treatment Assessment (Medicaid); Assessment: Mental Status | | Vho Sexually Harm; | | |
| | | | | | | |
| Other Services: | | | | | | |
| Other Services: Carrison, Vanessa | Complete Family Treatment Services | 10846 John Galt Blvd Omaha NB 68137 | (402)853-7898 | | | |
| Carrison, Vanessa | Complete Family Treatment Services Adult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatient Services Intensive Outpatient Treatment; Juvenile Intervention/Education; Juvenile Non-Residential | 10846 John Galt Blvd Omaha NB 68137 aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Co-Occurrin e Assessment Services Substance Abuse Evaluations; Juvenile Nor Services Outpatient - Groups; Juvenile Non-Residential Services O sidential Services Outpatient - Co-Occurring Treatment | dult Non-Residential ng Treatment; Adult N n-Residential Services | lon-Residential | | |
| Carrison, Vanessa | Complete Family Treatment Services Adult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatient Services Intensive Outpatient Treatment; Juvenile Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Re | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Co-Occurrir e Assessment Services Substance Abuse Evaluations; Juvenile Nor Services Outpatient - Groups; Juvenile Non-Residential Services O | dult Non-Residential ng Treatment; Adult N n-Residential Services | lon-Residential | | |
| Carrison, Vanessa Substance Abuse Services: Mental Health Services: Juvenile Services: | Complete Family Treatment Services Adult Assessment Services Substance Abuse Eva Groups; Adult Non-Residential Services Outpatient Services Intensive Outpatient Treatment; Juvenile Intervention/Education; Juvenile Non-Residential Services Outpatient - Individual; Juvenile Non-Re Outpatient Therapy Outpatient Therapy - Individual-Mental Health; Outpatient | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Co-Occurrir e Assessment Services Substance Abuse Evaluations; Juvenile Nor Services Outpatient - Groups; Juvenile Non-Residential Services O | dult Non-Residential 3 ng Treatment; Adult N I-Residential Services utpatient - Family; Jur | lon-Residential s venile Non-Residentia Family Sessions- | | |

| Nemo | Agonov | Address | Dhana | For |
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| Name | Agency | Address | Phone | Fax |
| Cave, Korina | Lutheran Family Services of NE Inc | 1420 E Military Ave Fremont NB 68025 | (402)721-1774 | (402)721-9689 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ac nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Chohon, Allen | Alegent Health | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130 | (402)758-5883 | (402)758-5855 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | 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 Treatn | ring Treatment; Juve ential Services Outpa | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Crisis Phone Line; Emergency Medical Health Evaluati | on; Outpatient Thera | ру |
| Juvenile Services: | | | | |
| Other Services: | No Voucher Acceptance; | | | |
| Clark, Cristian "Kat" | CenterPointe | 1490 N 16th St Omaha NB 68102 | (402)827-0570 | (402)827-0580 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Residential; Adult Residential Services Short Terr | aluations; Adult Residential Services Dual Residential (MH/SA); Adu | It Residential Service | es Extended |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| 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/Education; Ac nt - Family; Adult Non-Residential Services Outpatient - Individual; A ices Substance Abuse Evaluations; Juvenile Non-Residential Servic le Non-Residential Services Outpatient - Family; Juvenile Non-Resid patient Treatment | dult Non-Residential | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | • | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Non-Tre Placement Program; Non-Treatment: Family Part | atment: Anger Management Class; Non-Treatment: General Educati mer | on Class; Non-Treat | ment: Employment |
| Other Services: | Bilingual Services; | | | |

| Name | Agency | Address | Phone | Fax |
|---|---|---|--|---------------------------------------|
| Corrado, Michael | MAK Development (Michael's House) | 9007 F St Omaha NB 68127 | (402)917-0926 | |
| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy Hearing Impaired; | | | |
| DeLaet, Theodore | Theodore J. DeLaet, PhD, PC | 11414 West Center Road suite 243 Omaha NB 68144 | (402)333-8210 | (402)333-2298 |
| | Sexually Harm Evaluation; Psychological Evalua Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Youth Who | enile Youth Who Sexually Harm Evaluation (YWSH); Pre-Treatment A tion; Outpatient Therapy utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); ISE); Assessment: Psychological Evaluation; Assessment: Juvenile V | nt Therapy including Assessment: Outpa | Family Sessions- tient Psychiatric |
| Other Services: | | | | |
| Dirks, Amber | Omni Behavioral Health | 5115 F St. Omaha NB 68117 | (402)474-3322 | (402)397-1404 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | valuations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Residential; Juvenile Non-Residential Services Outpatient - Co-Occurri | ring Treatment; Juve idential Services Ou | nile Assessment |
| | Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: Intensive Family Preservation; C Outpatient Therapy - Co-occurring; Assessment: | Co-Occurring; Outpatient Therapy Outpatient Therapy - Individual-Mental Health; Outpatient Therapy inc Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring | luding Family Sessic | ons-Mental Health; |
| Dombrowski, Lydia | Breaking Sad LLC | 7005 N 88th Street Omaha NB 68122 | (402)305-8881 | |
| | Adult Assessment Services Substance Abuse Ex Pre-Treatment Assessment (bio-psychosocial); C | | | |
| DuBay, Michelle | Turning the Mind Therapy | 4611 S 96th St Suite 232 Omaha NB 68127 | (402)301-7518 | |
| | Adult Assessment Services Substance Abuse Ex Individual; Adult Non-Residential Services Outpa Co-Occurring; Outpatient Therapy | valuations; Adult Non-Residential Services Outpatient - Groups; Adult tient - Co-Occurring Treatment | Non-Residential Se | rvices Outpatient - |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|--|---------------------------------------|
| Fiscaletti, Karin | Choices | 1654 Washington Blair NB 68008 | (402)533-3680 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Eva Co-Occurring Treatment | aluations; Adult Non-Residential Services Outpatient - Individual; Ac | dult Non-Residential | Services Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy - Co-occurring; Assessment: Co-Occurring | | |
| Other Services: | Sliding Fee Scale; | | | |
| Gaines, Denise | Carole's House of Hope | 7815 Harney St Omaha NB 68114 | (402)991-4673 | (402)596-1768 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; A nt - Individual; Adult Non-Residential Services Outpatient - Co-Occu | | Services Outpatient - |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| 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 Outpatier Co-Occurring Treatment; Adult Non-Residential S | | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | | at The second is alreading a | Family Cassiana |
| Juvenile Services. | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g: Assessment: Pre-Treatment Assessment (Medicaid); Assessment | | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | C C | |
| Hatcher, Julie | Alegent Health | 16909 Lakeside Hills Court Ste 400 Omaha NB 68130 | (402)758-5884 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatien Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - In | aluations; Adult Non-Residential Services Intervention/Education; Adult - Individual; Adult Non-Residential Services Outpatient - Co-Occur Non-Residential Services Intervention/Education; Juvenile Non-Residential, Juvenile Non-Residential Services Outpatient - Co-Occurri e Residential Services Therapeutic Community or Therapeutic Grou | ring Treatment; Juve sidential Services Ou ng Treatment; Juven | nile Assessment tpatient - Family; |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | outpatient Therapy | | |
| | Outpatient: Intensive Outpatient Therapy-Co-occu Assessment: Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatie urring; Therapeutic Group Home-Co-Occurring; Assessment: Pre-Tr | ent Therapy - Co-occ eatment Assessment | urring; Intensive t (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | |

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

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|--|---|
| Hickey, Melina | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8522 | • |
| Substance Abuse Services: | | nity; Juvenile Residential Services Halfway-House or SA Group | Home; Juvenile Residentia | I Services Short Terr |
| Mental Health Services: | Residential Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring | | |
| | | ssment: Pre-Treatment Assessment (Medicaid); Assessment: C | o-Occurring | |
| | Sliding Fee Scale; | | o coouning | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Adults who Sexually Harm Evaluation; Psychological Evaluation | ì | |
| Juvenile Services: | | ; Assessment: Mental Status Exam (MSE); Assessment: Psych | ological Evaluation; Assess | ment: Juvenile Who |
| Other Services: | Sexually Harm Risk Assessment | | | |
| Hunter, Linda | Northeast Nebraska Psychological Services, PC | 408 N Oakland Ave Oakland NB 68045 | (402)685-4130 | (402)685-4132 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre | -Treatment Assessment (bio-psychosocial); Psychological Evalu | uation; Outpatient Therapy | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | Dutpatient Therapy including Group Sessions-Mental Health; Ou Sexually Harm; Outpatient Therapy - Eating Disorder; Assessmessment: Psychological Evaluation; Assessment: Juvenile Who S | nent: Pre-Treatment Assess | sment (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | |
| Johnson, Jill | Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)261-6667 | (402)261-6526 |
| | Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Juven Intervention/Education; Juvenile Non-Residentia Services Outpatient - Individual; Juvenile Non-R Outpatient Treatment | valuations; Adult Non-Residential Services Outpatient - Groups ent - Individual; Adult Non-Residential Services Outpatient - Co- ile Assessment Services Substance Abuse Evaluations; Juvenil al Services Outpatient - Groups; Juvenile Non-Residential Servic tesidential Services Outpatient - Co-Occurring Treatment; Juver | Occurring Treatment; Adult e Non-Residential Services ces Outpatient - Family; Juv | Non-Residential s venile Non-Residentia |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurrin | Dutpatient Therapy including Group Sessions-Mental Health; Oung; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; Assessment (Medicaid); Assessment: Mental Status Exam | ealth; Intensive Outpatient: | Intensive Outpatien |
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Other Services: Sliding Fee Scale;

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|---|--|
| Johnson, Kathleen | Capstone Behavioral Health | 1941 South 42nd Street Suite 328 Omaha NB 68105 | (402)614-8444 | (402)614-8443 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Putpatient Therapy | | |
| | (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Assessm | nent: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Kimmerling, Katherine | The Bridge Behavioral Health Inc | 721 K St. Lincoln NB 68508 | (402)477-3951 | (402)477-3922 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | 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 co-Occurring; Outpatient Therapy | dult Non-Residential ces Substance Abuse n-Residential Servic | Services Outpatient e Evaluations; Juver es Outpatient - Fam |
| | | | | |
| Juvenile Services: | | | | |
| | Sliding Fee Scale; | | | |
| | Sliding Fee Scale; Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5459 | (402)715-5452 |

| Name | Agency | Address | Phone | Fax |
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| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | aluations; Adult Non-Residential Services Outpatient - Groups; Adult tt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri lon-Residential Services Partial Care; Adult Residential Services Dual Services Short Term Residential | ng Treatment; Adult | Non-Residential |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Laufenberg , James | | 11069 I Street Omaha NB 68137 | (402)290-2602 | (888)507-5931 |
| | Groups; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - C | | ring Treatment; Juve | enile Assessment |
| | Pre-Treatment Assessment (bio-psychosocial); C | 5 , 1 , 1 , | | |
| | Occurring | utpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assess | sment (Medicaid); As | ssessment: Co- |
| Other Services: | | | | |
| Meckna, Shy | Breaking Sad LLC | 7005 N 88th Street Omaha NB 68122 | (402)517-5199 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ades Outpatient - Family; Adult Non-Residential Services Outpatient - In | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring: Outpatient Therapy | | |
| Juvenile Services: | | 3, - 1, | | |
| 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; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adunt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non adividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Servic | Services Outpatient Evaluations; Juveni es Outpatient - Famil |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Intensive Outpatient: Intensive Outpatient Therapy-Mental Health; I ent Assessment (Medicaid); Assessment: Mental Status Exam (MSE); | ntensive Outpatient: | Intensive Outpatient |
| Other Services | | | | |

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

| Name | Agency | Address | Phone | Fax |
|---|---|---|--|--|
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental H py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatien aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster (| ting Disorder, Outpa t Therapy-Youth Wh | atient Therapy - Co- o Sexually Harm; |
| Other Services: | | | | |
| Moreno, Dominique | Complete Behavioral Health | 4565 S 133rd St Omaha NB 68137 | (402)590-2947 | (402)590-2030 |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpa Residential Services Outpatient - Family; Juvenile Treatment | 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: | Co-Occurring; Outpatient Therapy | | | |
| | Outpatient Therapy - Individual-Mental Health; O Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpatier | nt Therapy - Co-occi | urring; Assessment: |
| Other Services: | | | | |
| Neve, Robert | The Clearview Center, Inc. | 4913 Underwood Ave Omaha NB 68132 | (402)612-2516 | (402)614-5447 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | raluations; Adult Non-Residential Services Intervention/Education; Adues Outpatient - Groups; Adult Non-Residential Services Outpatient - Frvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Services Outpatient - Services | amily; Adult Non-Re | sidential Services |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Other Services: | Sliding Fee Scale; | | | |
| Newring, Kirk | Forensic Behavioral Health | 1410 East Gold Coast Rd Ste 800 Papillion NB 68046 | (402)557-6027 | (402)557-6027 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Youth Who Sexually Harm Evaluation (Y | (WSH); Adults who Sexually Harm Evaluation; Psychological Evaluation | ion; Outpatient Ther | ару |
| | Assessment: Pre-Treatment Assessment (Medica Who Sexually Harm Risk Assessment | aid); Assessment: Mental Status Exam (MSE); Assessment: Psycholo | ogical Evaluation; As | sessment: Juvenile |
| | | | | |

Other Services:

| Name | Agency | Address | Phone | Fax |
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| Osborn, Katlynn | Capstone Behavioral Health | 1941 S 42nd Street, Ste. 328 Omaha NB 68105 | (402)366-3472 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Intervention/Education; 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-Occurrir | ring Treatment; Juve idential Services Ou | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| | (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Assessm SE) | nent: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Petersen, Chandra | Choices | 1654 Washington Blair NB 68008 | (402)533-3680 | (402)478-5047 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | dult Non-Residentia vices Intervention/Ed | Services Outpatient |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Mental Health; Outpatient Therapy - Eating Disor Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatien der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatment | | |
| 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/Education; Ad t - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Non-Residential Services Intervention/Education; Juvenile Non-Resi amily; Juvenile Non-Residential Services Outpatient - Individual; Juve | ring Treatment; Juve idential Services Ou | nile Assessment tpatient - Groups; |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- | -psychosocial); Co-C | Occurring; Outpatient |
| Juvenile Services: | | atment: Intensive Family Preservation; Outpatient Therapy - Individu ient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; A | | |
| Other Services: | | | | |
| Prince, Reginald | Serenity Matters | 3610 Dodge St Suite 105 PO Box 11296 Omaha NB 68111 | (402)830-3890 | (402)905-0011 |
| Substance Abuse Services: Mental Health Services: | Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Family; Juvenile Non-Resid | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ju vices Intervention/Education; Juvenile Non-Residential Services Out lential Services Outpatient - Individual | uvenile Assessment | Services Substance |

| Name | Agency | Address | Phone | Fax |
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| Juvenile Services: | Non-Treatment: Anger Management Class | | | |
| | Sliding Fee Scale; | | | |
| Rezac, Jacqueline | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)350-3267 | |
| | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residential Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adu es Outpatient - Groups; Adult Non-Residential Services Outpatient - F vices Outpatient - Co-Occurring Treatment; Adult Non-Residential Se Evaluations; Juvenile Non-Residential Services Intervention/Education al Services Outpatient - Groups; Juvenile Non-Residential Services O nile Non-Residential Services Outpatient - Co-Occurring Treatment; A | amily; Adult Non-Re ervices Intensive Ou on; Juvenile Non-Re utpatient - Family; J | esidential Services tpatient Treatment; sidential Services uvenile Non- |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | (Medicaid) | utpatient Therapy including Family Sessions-Mental Health; Assessm | ent: Pre-Treatment | Assessment |
| Other Services: | Sliding Fee Scale; | | | |
| Rojas, Virgen | Lutheran Family Services of NE Inc | 120 S 24th St Ste 100 Omaha NB 68102 | (402)721-1774 | |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Intervention/Education; Ad tient - Co-Occurring Treatment; Adult Non-Residential Services Inters | | |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Rynearson, Claire | NOVA TC | 8502 Mormon Bridge Road Omaha NB 68152 | (402)991-8521 | (402)455-7050 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Evaluations | aluations; Adult Residential Services Therapeutic Community; Juveni | le Assessment Serv | rices Substance Abus |
| 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 | urring | |
| Other Services: | Sliding Fee Scale; | | - | |
| Salvatore, Christine | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5440 | (402)715-5452 |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abus n-Residential Servic | Services Outpatient e Evaluations; Juvenil es Outpatient - Family |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Intensive Outpatient: Intensive Outpatient Therap | y-Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Sanchez, Laura | AM Counseling and Consulting LLC | 919 Galvin Rd S Bellevue NB 68005 | (402)807-5117 | |
| | Family; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Outpatient - Grouent - Individual; Adult Non-Residential Services Outpatient - C | | ces Outpatient - |
| | Pre-Treatment Assessment (bio-psychosocial); | | | · |
| Juvenile Services: | Co-Occurring | Dutpatient Therapy including Family Sessions-Mental Health | Outpatient Therapy - Co-occurr | ing; Assessmen |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Schnieder, Brian | Halo Counseling Center | 8998 L St Suite 110 Omaha NB 68127 | (402)850-0054 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servic Outpatient - Individual; Adult Non-Residential Se Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Resident | Evaluations; Adult Non-Residential Services Intervention/Educ ces Outpatient - Groups; Adult Non-Residential Services Out ervices Outpatient - Co-Occurring Treatment; Adult Non-Res e Evaluations; Juvenile Non-Residential Services Interventio tial Services Outpatient - Groups; Juvenile Non-Residential S renile Non-Residential Services Outpatient - Co-Occurring Tr | patient - Family; Adult Non-Resi idential Services Intensive Outpa n/Education; Juvenile Non-Resid ervices Outpatient - Family; Juv | dential Services atient Treatment; dential Services renile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); | Co-Occurring | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; C | Dutpatient Therapy - Co-occurring; Intensive Outpatient: Inter | nsive Outpatient Therapy-Co-oc | curring |
| | | | | |
| Other Services: | | | | |
| | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | |
| | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | |
| Semerad, MaLeaha | Capstone Behavioral Health | 230 E 22nd St Suite 4 Fremont NB 68025 | (402)727-1592 | |
| Semerad, MaLeaha Substance Abuse Services: Mental Health Services: | Capstone Behavioral Health Outpatient Therapy Outpatient Therapy - Individual-Mental Health; C | 230 E 22nd St Suite 4 Fremont NB 68025 Dutpatient Therapy including Group Sessions-Mental Health; | | amily Sessions- |
| Semerad, MaLeaha Substance Abuse Services: Mental Health Services: | Capstone Behavioral Health Outpatient Therapy Outpatient Therapy - Individual-Mental Health; C Mental Health | | | amily Sessions- |
| Semerad, MaLeaha Substance Abuse Services: Mental Health Services: Juvenile Services: | Capstone Behavioral Health Outpatient Therapy Outpatient Therapy - Individual-Mental Health; C Mental Health | | | amily Sessions- |
| Semerad, MaLeaha Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Siemer-Daisley, Kris | Capstone Behavioral Health Outpatient Therapy Outpatient Therapy - Individual-Mental Health; C Mental Health Siemer Counseling & Assessments LLC Adult Assessment Services Substance Abuse E Family; Adult Non-Residential Services Outpatie Services Substance Abuse Evaluations; Juvenille | Dutpatient Therapy including Group Sessions-Mental Health; | Outpatient Therapy including Fa (402)500-0555 cation; Adult Non-Residential Se Co-Occurring Treatment; Juvenil Non-Residential Services Outpa | rvices Outpatien e Assessment |
| Semerad, MaLeaha Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Siemer-Daisley, Kris Substance Abuse Services: | Capstone Behavioral Health Outpatient Therapy Outpatient Therapy - Individual-Mental Health; C Mental Health Siemer Counseling & Assessments LLC Adult Assessment Services Substance Abuse E Family; Adult Non-Residential Services Outpatiet Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - I Juvenile Pre-Treatment Assessment (PTA); Juve | Dutpatient Therapy including Group Sessions-Mental Health; 12020 Shamrock Plaza #200 Omaha NB 68154 Evaluations; Adult Non-Residential Services Intervention/Educ ent - Individual; Adult Non-Residential Services Outpatient - C e Non-Residential Services Intervention/Education; Juvenile | Outpatient Therapy including Fa (402)500-0555 cation; Adult Non-Residential Se Co-Occurring Treatment; Juvenil Non-Residential Services Outpa o-Occurring Treatment | rvices Outpatien e Assessment atient - Family; |
| Semerad, MaLeaha Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Siemer-Daisley, Kris Substance Abuse Services: Mental Health Services: | Capstone Behavioral Health Outpatient Therapy Outpatient Therapy - Individual-Mental Health; C Mental Health Siemer Counseling & Assessments LLC Adult Assessment Services Substance Abuse E Family; Adult Non-Residential Services Outpatiet Services Substance Abuse Evaluations; Juvenile Juvenile Non-Residential Services Outpatient - I Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | Dutpatient Therapy including Group Sessions-Mental Health; 12020 Shamrock Plaza #200 Omaha NB 68154 valuations; Adult Non-Residential Services Intervention/Educ ent - Individual; Adult Non-Residential Services Outpatient - C e Non-Residential Services Intervention/Education; Juvenile Individual; Juvenile Non-Residential Services Outpatient - C renile Co-Occurring Evaluation (C/O); Pre-Treatment Assession Dutpatient Therapy including Family Sessions-Mental Health; | Outpatient Therapy including Fa (402)500-0555 cation; Adult Non-Residential Se Co-Occurring Treatment; Juvenil Non-Residential Services Outpa o-Occurring Treatment ment (bio-psychosocial); Co-Occ | ervices Outpatier e Assessment atient - Family; curring; Outpatie |

| Name | Agency | Address | Phone | Fax |
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| Smeal, Jessica | | 900 S. 74th Plaza, Ste. 400 Omaha NB 68144 | (402)800-2990 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | valuations; Juvenile Assessment Services Substance Abuse Evalua | ations | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; As | ssessment: Co-Occurring | | |
| 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 | 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 lucation; Juvenile |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | enile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (b | io-psychosocial); Co-C | Occurring; Outpatient |
| Juvenile Services: | Outpatient Therapy including Family Sessions-M | atient Therapy - Individual-Mental Health; Outpatient Therapy inclu ental Health; Outpatient Therapy - Eating Disorder; Outpatient The nsive Outpatient: Intensive Outpatient Therapy-Co-occurring; Asse | rapy - Co-occurring; In | tensive Outpatient: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education | valuations; Adult Non-Residential Services Intervention/Education; , ent - Family; Adult Non-Residential Services Outpatient - Individual; Services Intensive Outpatient Treatment; Juvenile Assessment Ser ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile I ndividual; Juvenile Non-Residential Services Outpatient - Co-Occur | Adult Non-Residential vices Substance Abus Non-Residential Servic | Services Outpatient - e Evaluations; Juvenil es Outpatient - Family |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpat g; Assessment: Pre-Treatment Assessment (Medicaid) | ient Therapy including | Family Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Stein, Daniela | Lutheran Family Services of NE Inc | 120 S 24th St Ste 100 Omaha NB 68102 | (402)978-5604 | |
| | | | | |
| | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax |
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| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intens Residential Services Outpatient - Groups; Juveni | aluations; Adult Non-Residential Services Outpatient - Groups; ive Outpatient Treatment; Juvenile Assessment Services Substa le Non-Residential Services Outpatient - Individual | nce Abuse Evaluations; | Juvenile Non- |
| | | Co-Occurring; Adults who Sexually Harm Evaluation; Psychologic | • | |
| | 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; 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; | | | |
| Stessman, Gary | Heartland Family Service | 302 American Pkwy Papillion NB 68046 | (402)552-7474 | (402)552-7444 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Family; A nce Abuse Evaluations; Juvenile Non-Residential Services Outp | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O (Medicaid); Assessment: Mental Status Exam (M | utpatient Therapy including Family Sessions-Mental Health; Asso | essment: Pre-Treatment | Assessment |
| Other Services: | | | | |
| Ticknor, Brenda | Alegent Health | 3308 Samson Way Ste 203 Bellevue NB 68123 | (402)717-7674 | (402)291-8806 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Ant - Individual; Adult Non-Residential Services Outpatient - Co-Oc 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: | Pre-Treatment Assessment (bio-psychosocial); C | co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outp der; Outpatient Therapy - Co-occurring; Assessment: Pre-Treatn curring | | |
| Other Services: | Hearing Impaired; Bilingual Services; | | | |
| Troia, Trisha | | 1406 Veterans Drive Elkhorn NB 68022 | (402)290-0543 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Abuse Evaluations; Juvenile Non-Residential Ser | aluations; Adult Non-Residential Services Outpatient - Individual | ; Juvenile Assessment S | ervices Substance |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outp | patient Therapy including | Family Sessions- |
| Other Services: | | , , | | |

| Name | Agency | Address | Phone | Fax |
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| Tvrdik, Gregory | | 444 Regency Parkway Drive, Suite 104 Omaha NB 68114 | (402)885-7932 | (402)281-0665 |
| Substance Abuse Services: | | aluations; Adult Non-Residential Services Outpatient - Family; Adult tient - Co-Occurring Treatment; Adult Non-Residential Services Inten | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy; Mental Health Intensive Managem | ent | |
| | | atient Therapy - Individual-Mental Health; Outpatient Therapy - Co-oc | | |
| Other Services: | Sliding Fee Scale; | | - | |
| Voss, Stephanie R | | 12020 Shamrock Plaza, Suite 200 Omaha NB 68154 | (402)650-5250 | |
| Substance Abuse Services: Mental Health Services: | Substance Abuse Evaluations; Juvenile Non-Resi | aluations; Adult Non-Residential Services Outpatient - Co-Occurring idential Services Outpatient - Co-Occurring Treatment | Treatment; Juvenile | Assessment Services |
| | Outpatient Therapy Outpatient Therapy - Individual-Mental Health; Ou | Intractions Thorapy Co. occurring | | |
| Other Services: | | upatient merapy - 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 tient - Co-Occurring Treatment; Juvenile Assessment Services Subst e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | ance Abuse Evaluati | ons; Juvenile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Pre-Treatment Assessment (Medicaid); Assessment | utpatient Therapy including Family Sessions-Mental Health; Outpatie | nt Therapy - Co-occu | urring; 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 tient - Co-Occurring Treatment; Juvenile Assessment Services Subst e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | ance Abuse Evaluati | ions; Juvenile Non- |
| | Treatment | e Nor-Residential Services Outpatient - Individual, Suvenile Nor-Res | idential Services Out | patient - Co-Occumni |
| Mental Health Services: | | | idential Services Out | patient - Co-Occurring |
| | Treatment Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Ou | | | |

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

| Name | Agency | Address | Phone | Fax |
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| Aschoff, Allison | Women's Empowering Life Line | 910 W Park Ave Norfolk NB 68701 | (402)750-9660 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie | valuations; Adult Non-Residential Services Intervention/Educatic ent - Family; Adult Non-Residential Services Outpatient - Individu Services Intensive Outpatient Treatment; Adult Residential Serv | ual; Adult Non-Residential | Services Outpatient |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Other Services: | Sliding Fee Scale; | | | |
| Barritt, Samantha | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| | Adult Non-Residential Services Care Monitoring Family; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment; Adult F Assessment Services Substance Abuse Evaluati Monitoring SA/MH; Juvenile Non-Residential Ser Services Outpatient - Individual; Juvenile Non-Re Outpatient Treatment | ssessment Services Substance Abuse Evaluations; Adult Non-F SA/MH; Adult Non-Residential Services Outpatient - Groups; Ac nt - Individual; Adult Non-Residential Services Outpatient - Co-C Residential Services Dual Residential (MH/SA); Adult Residentia ions; Juvenile Non-Residential Services Intervention/Education; rvices Outpatient - Groups; Juvenile Non-Residential Services O esidential Services Outpatient - Co-Occurring Treatment; Juveni | dult Non-Residential Servic Decurring Treatment; Adult I Services Short Term Resi Juvenile Non-Residential S Dutpatient - Family; Juvenile | es Outpatient - Non-Residential dential; Juvenile Services Care Non-Residential |
| | Outpatient Therapy including Family Sessions-M | co-Occurring; Outpatient Therapy batient Therapy - Individual-Mental Health; Outpatient Therapy ir lental Health; Outpatient Therapy - Eating Disorder; Outpatient T ensive Outpatient: Intensive Outpatient Therapy-Co-occurring; A | Therapy - Co-occurring; Inte | ensive Outpatient: |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Brostad, Greg | Resolution Treatment Services | 505 5th Street Suite #225 Sioux city IA 51101 | (515)493-4787 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | Adults who Sexually Harm Evaluation; Outpatient Therapy | | |
| Juvenile Services: | | outpatient Therapy including Group Sessions-Mental Health; Out py-Youth Who Sexually Harm; Assessment: Pre-Treatment Asse | | |
| Other Services: | | | | |
| Brown, Nicholas | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 698 | 87 (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Servic | valuations; Adult Non-Residential Services Intervention/Educatic es Outpatient - Groups; Adult Non-Residential Services Outpatie rvices Outpatient - Co-Occurring Treatment; Adult Non-Residen | ent - Family; Adult Non-Res | sidential Services |

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

Juvenile Services:

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|---|--|---------------------|
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Carmichael, Kirk | Carmichael Counseling | 214 N 7th Suite 11 Norfolk NB 68701 | (402)316-8800 | (402)644-1987 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Substance Abuse Evaluations; Juvenile | aluations; Adult Non-Residential Services Outpatient - Groups; Adu t - Individual; Adult Non-Residential Services Outpatient - Co-Occu Non-Residential Services Outpatient - Groups; Juvenile Non-Resid Juvenile Non-Residential Services Outpatient - Co-Occurring Trea | urring Treatment; Juve dential Services Outpa | nile Assessment |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| | Outpatient Therapy - Individual-Mental Health; Or Co-Occurring | utpatient Therapy including Family Sessions-Mental Health; Outpat | ient Therapy - Co-occi | urring; Assessment: |
| Other Services: | | | | |
| Cattau, Jeanne | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Putpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Outpat Health; Assessment: Pre-Treatment Assessment (Medicaid); Asse | | |
| Other Services: | Sliding Fee Scale; | | | |
| Clyde, Gina | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | Individual; Adult Non-Residential Services Outpat | aluations; Adult Non-Residential Services Outpatient - Family; Adu tient - Co-Occurring Treatment; Juvenile Assessment Services Sub e Non-Residential Services Outpatient - Individual; Juvenile Non-Re | stance Abuse Evaluat | ions; Juvenile Non- |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Intensive Family Preservation; O | utpatient Therapy - Individual-Mental Health; Outpatient Therapy ir | ncluding Family Sessio | ns-Mental Health |
| Other Services: | | | | |
| Clyde, Jessica | Oasis Counseling International | 333 W Norfolk Ave Ste 201 Norfolk NB 68701 | (402)379-2030 | (402)379-3933 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | | | | |
| | Non-Treatment: Family Support Worker; Commu | nity Treatment Aide | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Davies, Paul | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Adults who Sexually Harm Evaluation; Outpatient The | erapy | |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- | eatment: Intensive Family Preservation; Non-Treatment: Supervised Treatment: Mentoring; Outpatient Therapy - Individual-Mental Heal ating Disorder; Assessment: Pre-Treatment Assessment (Medicaid) | th; Outpatient Therapy in | cluding Family |
| Other Services: | | | | |
| DeWalt, Jennifer | Jennifer S. DeWalt | 302 South 13 Street Norfolk NB 68701-4963 | (402)649-8366 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Hamstra, Emily | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service Outpatient - Individual; Adult Non-Residential Ser Juvenile Assessment Services Substance Abuse Care Monitoring SA/MH; Juvenile Non-Residentia | valuations; Adult Non-Residential Services Intervention/Education; A es Outpatient - Groups; Adult Non-Residential Services Outpatient rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential Evaluations; Juvenile Non-Residential Services Intervention/Educa al Services Outpatient - Groups; Juvenile Non-Residential Services enile Non-Residential Services Outpatient - Co-Occurring Treatmen | - Family; Adult Non-Resi Services Intensive Outpa ation; Juvenile Non-Resid Outpatient - Family; Juv | dential Services atient Treatment; dential Services enile Non- |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatier | nt Therapy | |
| Juvenile Services: | including Group Sessions-Mental Health; Outpati | Treatment: General Education Class; Outpatient Therapy - Individu ient Therapy including Family Sessions-Mental Health; Outpatient T r Treatment Day Treatment-Mental Health; Assessment: Pre-Treatment | Therapy - Co-occurring; In | ntensive Outpatient |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Hergott, Mariah | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Outpatient Treatment; Adult Residential Services Residential Services Intervention/Education; Juve Juvenile Non-Residential Services Outpatient - C | | Adult Non-Residential Se Abuse Evaluations; Juv | ervices Intensive enile Non- |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Mental Health; Outpatient Therapy - Co-occurring (Medicaid); Assessment: Co-Occurring | utpatient Therapy including Group Sessions-Mental Health; Outpati g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; | ient Therapy including Fa Assessment: Pre-Treatr | mily Sessions- nent Assessment |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | al Evaluation; Assess | ment: Juvenile Who |
| Other Services: | | | | |
| Hunter, Linda | Northeast Nebraska Psychological Services, PC | 408 N Oakland Ave Oakland NB 68045 | (402)685-4130 | (402)685-4132 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Psychological Evaluation; | Outpatient Therapy | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Eating Disorder; Assessment: P sment: Psychological Evaluation; Assessment: Juvenile Who Sexually | re-Treatment Asses | sment (Medicaid); |
| Other Services: | Sliding Fee Scale; | | | |
| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier | valuations; Adult Non-Residential Services Outpatient - Groups; Adult nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurr Ion-Residential Services Partial Care; Adult Residential Services Dua | ing Treatment; Adult | Non-Residential |
| | · · · · · | | I Residential (MH/SA | A); Adult Residential |
| Mental Health Services: | Services Extended Residential; Adult Residential Pre-Treatment Assessment (bio-psychosocial); C | Services Short Term Residential | I Residential (MH/SA | Adult Residential |
| Mental Health Services: Juvenile Services: | Services Extended Residential; Adult Residential | Services Short Term Residential | I Residential (MH/SA | Adult Residential |
| Juvenile Services: | Services Extended Residential; Adult Residential | Services Short Term Residential | I Residential (MH/SA | Adult Residential |
| Juvenile Services: | Services Extended Residential; Adult Residential Pre-Treatment Assessment (bio-psychosocial); C | Services Short Term Residential | l Residential (MH/SA (402)371-3044 | (402)371-9643 |
| Juvenile Services: Other Services: Kubo, Dana Substance Abuse Services: | Services Extended Residential; Adult Residential Pre-Treatment Assessment (bio-psychosocial); C Sliding Fee Scale; Good Life Counseling & Support Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | 200 N 34th PO Box 2315 Norfolk NB 68702 valuations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | (402)371-3044 ult Non-Residential dult Non-Residential es Substance Abuse n-Residential Servic | (402)371-9643 Services Outpatient - Services Outpatient - Evaluations; Juvenil es Outpatient - Family |
| Juvenile Services: Other Services: Kubo, Dana Substance Abuse Services: Mental Health Services: | Services Extended Residential; Adult Residential Pre-Treatment Assessment (bio-psychosocial); C Sliding Fee Scale; Good Life Counseling & Support Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - Ir Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C | 200 N 34th PO Box 2315 Norfolk NB 68702 valuations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring; Outpatient Therapy | (402)371-3044 ult Non-Residential dult Non-Residential es Substance Abuse n-Residential Servic g Treatment; Juveni | (402)371-9643 Services Outpatient - Services Outpatient e Evaluations; Juveni es Outpatient - Famil le Non-Residential |
| Juvenile Services: Other Services: Kubo, Dana Substance Abuse Services: Mental Health Services: | Services Extended Residential; Adult Residential Pre-Treatment Assessment (bio-psychosocial); C Sliding Fee Scale; Good Life Counseling & Support Adult Assessment Services Substance Abuse Ex Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Outpatient Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - Ir Services Intensive Outpatient Treatment Pre-Treatment Assessment (bio-psychosocial); C Non-Treatment: Intensive Family Preservation; N Individual-Mental Health; Outpatient Therapy incl | 200 N 34th PO Box 2315 Norfolk NB 68702 200 N 34th PO Box 2315 Norfolk NB 68702 raluations; Adult Non-Residential Services Intervention/Education; Ad ant - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Service; Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non- dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring Co-Occurring; Outpatient Therapy Ion-Treatment: Anger Management Class; Non-Treatment: General E Iuding Group Sessions-Mental Health; Outpatient Therapy including F ensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient Therapy | (402)371-3044 ult Non-Residential dult Non-Residential es Substance Abuse n-Residential Servic g Treatment; Juveni ducation Class; Out amily Sessions-Mer | (402)371-9643 Services Outpatient - Services Outpatient - e Evaluations; Juvenil es Outpatient - Family le Non-Residential |

| Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Meyer, Jacquelyn Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Intensive Outpati Abuse Evaluations; Juvenile Non-Residential Se | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 ssessment Services Substance Abuse Evaluations; Adult Non-R ups; Adult Non-Residential Services Outpatient - Family; Adult No ient Treatment; Adult Residential Services Short Term Residential rvices Intervention/Education; Juvenile Non-Residential Services dential Services Outpatient - Individual; Juvenile Non-Residential | on-Residential Services C al; Juvenile Assessment S s Outpatient - Groups; Juv | Outpatient - Individual Services Substance renile Non-Residentia |
|--|--|--|---|--|
| Mental Health Services: Juvenile Services: Other Services: Meyer, Jacquelyn Substance Abuse Services: | Adult Non-Residential Services Outpatient - Grou Adult Non-Residential Services Intensive Outpati Abuse Evaluations; Juvenile Non-Residential Se Services Outpatient - Family; Juvenile Non-Resid Co-Occurring; Outpatient Therapy Sliding Fee Scale; | ups; Adult Non-Residential Services Outpatient - Family; Adult No ient Treatment; Adult Residential Services Short Term Residentia rvices Intervention/Education; Juvenile Non-Residential Services | on-Residential Services C al; Juvenile Assessment S s Outpatient - Groups; Juv | Outpatient - Individual Services Substance renile Non-Residentia |
| Juvenile Services: Other Services: Meyer, Jacquelyn Substance Abuse Services: | Sliding Fee Scale; | | | |
| Other Services: Meyer, Jacquelyn Substance Abuse Services: | - | | | |
| Meyer, Jacquelyn Substance Abuse Services: | - | | | |
| Substance Abuse Services: | Building Blocks | | | |
| | Dulluling Diocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Montal Health Sonvices: | | | | |
| Meritar realtr Services. | Pre-Treatment Assessment (bio-psychosocial) | | | |
| | Group Sessions-Mental Health; Outpatient Thera occurring; Intensive Outpatient: Intensive Outpati | Out-Of-Home: Respite Care; Outpatient Therapy - Individual-Me apy including Family Sessions-Mental Health; Outpatient Therapy ient Therapy-Mental Health; Intensive Outpatient: Intensive Outp aid); Assessment: Mental Status Exam (MSE); Out-Of-Home: Fo | y - Eating Disorder; Outpa patient Therapy-Youth Wh | itient Therapy - Co- o Sexually Harm; |
| Other Services: | | | | |
| Millard, Laurie | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Dutpatient Therapy | | |
| | Supervised Visitation; Non-Treatment: Day Repo Education Class; Outpatient Therapy - Individual Family Sessions-Mental Health; Outpatient Thera Health; Intensive Outpatient: Intensive Outpatient | eatment: Tracker (Except Douglas County); Non-Treatment: Inter- orting; Non-Treatment: Evening Reporting; Non-Treatment: Ange -Mental Health; Outpatient Therapy including Group Sessions-M apy - Eating Disorder; Community Treatment Aide; Intensive Out t- Eating Disorder; Intensive Outpatient: Intensive Outpatient The Mental Status Exam (MSE); Contracted Services: Tracker; Com | r Management Class; Nor lental Health; Outpatient T tpatient: Intensive Outpati erapy-Co-occurring; Asse | n-Treatment: Genera Therapy including ent Therapy-Mental ssment: Pre- |
| Other Services: | Bilingual Services; | | | |
| Neuhalfen, Kristen | The Link, Inc. | 1001 W Norfolk Ave. Norfolk NB 68701 | (402)371-7213 | |
| | | cation; Adult Non-Residential Services Outpatient - Groups; Adul /idual; Adult Non-Residential Services Outpatient - Co-Occurring | | |
| Juvenile Services: | The meanine in Assessment (bio-psychosocial), C | or occurring, Outpatient merapy | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|--|--|---|--|
| Peters, Martinique | Heartland Counseling Services, Inc. | 917 W 21st St PO Box 355 South Sioux City NB 69887 | (402)494-3337 | (402)494-3356 |
| Substance Abuse Services: | | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Petersen, Connie | Behavioral Health Specialist/Seekers of Serenity | 923 E Norfolk Ave Norfolk NB 68701 | (402)370-3140 | (402)370-3373 |
| | Non-Residential Services Outpatient - Family; Ac Treatment; Adult Non-Residential Services Inten Substance Abuse Evaluations; Juvenile Non-Res Residential Services Outpatient - Individual; Juve Intensive Outpatient Treatment | ssessment Services Substance Abuse Evaluations; Adult Non-Residult Non-Residential Services Outpatient - Individual; Adult Non-Resisive Outpatient Treatment; Adult Residential Services Short Term R sidential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Co-Occurring Treatment | idential Services Out esidential; Juvenile A rvices Outpatient - Fa | batient - Co-Occurring ssessment Services mily; Juvenile Non- |
| | | Co-Occurring; Psychological Evaluation; Outpatient Therapy | | - " o ' |
| Juvenile Services: | Mental Health; Outpatient Therapy - Co-occurring | utpatient Therapy including Group Sessions-Mental Health; Outpatio g; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring; ISE); Assessment: Psychological Evaluation; Assessment: Co-Occu | Assessment: Pre-Tre | |
| Other Services: | Sliding Fee Scale; | | C C | |
| Snitchler, Eric | Apex Therapy Service | 1306 Andrews Drive Box 1163 Norfolk NB 68701 | (402)851-4026 | (402)379-2487 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); F | Psychological Evaluation; Outpatient Therapy; Mental Health Intensiv | ve Management | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O Therapy - Co-occurring; Assessment: Pre-Treatm Assessment: Juvenile Who Sexually Harm Risk / | utpatient Therapy including Family Sessions-Mental Health; Outpati nent Assessment (Medicaid); Assessment: Mental Status Exam (MS | ent Therapy - Eating SE); Assessment: Psy | Disorder; Outpatient chological Evaluation |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/Education; A ent - Family; Adult Non-Residential Services Outpatient - Individual; , Services Intensive Outpatient Treatment; Juvenile Assessment Serv ; Juvenile Non-Residential Services Outpatient - Groups; Juvenile N ndividual; Juvenile Non-Residential Services Outpatient - Co-Occurr | Adult Non-Residentia rices Substance Abus Ion-Residential Servic | I Services Outpatient e Evaluations; Juveni ces Outpatient - Famil |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid) | ent Therapy including | Family Sessions- |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Groups ive Outpatient Treatment; Juvenile Assessment Services Subs le Non-Residential Services Outpatient - Individual to-Occurring; Adults who Sexually Harm Evaluation; Psycholo | stance Abuse Evaluations; J | luvenile 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 | utpatient Therapy including Group Sessions-Mental Health; O Sexually Harm; Outpatient Therapy - Co-occurring; Intensive C t Assessment (Medicaid); Assessment: Mental Status Exam (I | utpatient Therapy including Dutpatient: Intensive Outpati | Family Sessions- ent 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: | | | | |
| Mental Health Services | Iuvonilo Pro Trootmont Accoccmont (PTA): Pro 1 | Franking at Anna and this neurophana sister Adults when Council | | |
| | Juvenine Fie-fieauneni Assessmeni (FIA), Fie- | Treatment Assessment (bio-psychosocial); Adults who Sexual | liy Harm Evaluation; Outpati | ent Therapy |
| | Outpatient Therapy - Individual-Mental Health; Ou | utpatient Therapy including Group Sessions-Mental Health; O | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; O | | |
| Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Community Treatment Aide; Asse | utpatient Therapy including Group Sessions-Mental Health; O | | Family Sessions- |
| Juvenile Services: Other Services: Sullivan, Michael | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Community Treatment Aide; Asse Sliding Fee Scale; Michael Sullivan Counseling Adult Assessment Services Substance Abuse Ev | utpatient Therapy including Group Sessions-Mental Health; Or ssment: Pre-Treatment Assessment (Medicaid) 208 N. 5th St. Norfolk NB 68701-4155 aluations; Adult Non-Residential Services Outpatient - Groups | utpatient Therapy including (402)750-7923 s; Adult Non-Residential Ser | Family Sessions- (402)226-5161 |
| Juvenile Services: Other Services: Sullivan, Michael Substance Abuse Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Community Treatment Aide; Asse Sliding Fee Scale; Michael Sullivan Counseling Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier | utpatient Therapy including Group Sessions-Mental Health; Or ssment: Pre-Treatment Assessment (Medicaid) 208 N. 5th St. Norfolk NB 68701-4155 aluations; Adult Non-Residential Services Outpatient - Groups it - Individual; Adult Non-Residential Services Outpatient - Co- | utpatient Therapy including (402)750-7923 s; Adult Non-Residential Ser | Family Sessions- (402)226-5161 |
| Juvenile Services: Other Services: Sullivan, Michael Substance Abuse Services: Mental Health Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Community Treatment Aide; Asse Sliding Fee Scale; Michael Sullivan Counseling Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Pre-Treatment Assessment (bio-psychosocial); O | utpatient Therapy including Group Sessions-Mental Health; Or ssment: Pre-Treatment Assessment (Medicaid) 208 N. 5th St. Norfolk NB 68701-4155 aluations; Adult Non-Residential Services Outpatient - Groups it - Individual; Adult Non-Residential Services Outpatient - Co- | utpatient Therapy including (402)750-7923 s; Adult Non-Residential Ser | Family Sessions- (402)226-5161 |
| Juvenile Services: Other Services: Sullivan, Michael Substance Abuse Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Community Treatment Aide; Asse Sliding Fee Scale; Michael Sullivan Counseling Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatien Pre-Treatment Assessment (bio-psychosocial); O | utpatient Therapy including Group Sessions-Mental Health; Or ssment: Pre-Treatment Assessment (Medicaid) 208 N. 5th St. Norfolk NB 68701-4155 aluations; Adult Non-Residential Services Outpatient - Groups it - Individual; Adult Non-Residential Services Outpatient - Co- | utpatient Therapy including (402)750-7923 s; Adult Non-Residential Ser | Family Sessions- (402)226-5161 |
| Juvenile Services: Other Services: Sullivan, Michael Substance Abuse Services: Mental Health Services: Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Community Treatment Aide; Asse Sliding Fee Scale; Michael Sullivan Counseling Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatien Pre-Treatment Assessment (bio-psychosocial); O | utpatient Therapy including Group Sessions-Mental Health; Or ssment: Pre-Treatment Assessment (Medicaid) 208 N. 5th St. Norfolk NB 68701-4155 aluations; Adult Non-Residential Services Outpatient - Groups it - Individual; Adult Non-Residential Services Outpatient - Co- | utpatient Therapy including (402)750-7923 s; Adult Non-Residential Ser | Family Sessions- (402)226-5161 |
| Juvenile Services: Other Services: Sullivan, Michael Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Community Treatment Aide; Asse Sliding Fee Scale; Michael Sullivan Counseling Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Pre-Treatment Assessment (bio-psychosocial); O Good Life Counseling & Support Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie | utpatient Therapy including Group Sessions-Mental Health; O ssment: Pre-Treatment Assessment (Medicaid) 208 N. 5th St. Norfolk NB 68701-4155 aluations; Adult Non-Residential Services Outpatient - Groups at - Individual; Adult Non-Residential Services Outpatient - Co- outpatient Therapy | (402)750-7923 s; Adult Non-Residential Ser -Occurring Treatment (402)371-3044 tion; Adult Non-Residential S dual; Juvenile Assessment S | Family Sessions- (402)226-5161 vices Outpatient - Services Outpatien Services Substan |
| Juvenile Services: Other Services: Sullivan, Michael Substance Abuse Services: Mental Health Services: Juvenile Services: Other Services: Swantek, Mallory Substance Abuse Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Community Treatment Aide; Asse Sliding Fee Scale; Michael Sullivan Counseling Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Pre-Treatment Assessment (bio-psychosocial); O Good Life Counseling & Support Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatier Abuse Evaluations; Juvenile Non-Residential Services Outpatier | utpatient Therapy including Group Sessions-Mental Health; Orssment: Pre-Treatment Assessment (Medicaid) 208 N. 5th St. Norfolk NB 68701-4155 aluations; Adult Non-Residential Services Outpatient - Groups t - Individual; Adult Non-Residential Services Outpatient - Co- 2277 22nd Ave Columbus NB 68601 aluations; Adult Non-Residential Services Intervention/Educated nt - Family; Adult Non-Residential Services Outpatient - Individuated | (402)750-7923 s; Adult Non-Residential Ser -Occurring Treatment (402)371-3044 tion; Adult Non-Residential S dual; Juvenile Assessment S | Family Sessions- (402)226-5161 vices Outpatient |
| Juvenile Services: Other Services: Sullivan, Michael Substance Abuse Services: Mental Health Services: Other Services: Swantek, Mallory Substance Abuse Services: Mental Health Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Community Treatment Aide; Asse Sliding Fee Scale; Michael Sullivan Counseling Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Pre-Treatment Assessment (bio-psychosocial); O Good Life Counseling & Support Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Abuse Evaluations; Juvenile Non-Residential Ser Services Outpatient - Individual | utpatient Therapy including Group Sessions-Mental Health; Orssment: Pre-Treatment Assessment (Medicaid) 208 N. 5th St. Norfolk NB 68701-4155 aluations; Adult Non-Residential Services Outpatient - Groups t - Individual; Adult Non-Residential Services Outpatient - Contract of the services outpatient - Contract of the services of | (402)750-7923 s; Adult Non-Residential Ser -Occurring Treatment (402)371-3044 tion; Adult Non-Residential S dual; Juvenile Assessment S | Family Sessions- (402)226-5161 vices Outpatient |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|---|--|
| Wagner, Alicia | Behavioral Health Specialist/Seekers of Serenity | 900 W Norfolk Ave Ste 200 Norfolk NB 68701 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | valuations; Adult Non-Residential Services Intervention/E ent - Family; Adult Non-Residential Services Outpatient - Services Intensive Outpatient Treatment; Juvenile Assess ; Juvenile Non-Residential Services Outpatient - Groups; ndividual; Juvenile Non-Residential Services Outpatient - | Individual; Adult Non-Residential sment Services Substance Abus Juvenile Non-Residential Servic | Services Outpatient - e Evaluations; Juvenile es Outpatient - Family |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | Co-Occurring; Outpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Heal g; Intensive Outpatient: Intensive Outpatient Therapy-Co- | | |
| 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 Servic Outpatient - Individual; Adult Non-Residential Se Juvenile Non-Residential Services Intervention/E | valuations; Adult Non-Residential Services Intervention/Ed es Outpatient - Groups; Adult Non-Residential Services O rvices Outpatient - Co-Occurring Treatment; Juvenile Ass iducation; Juvenile Non-Residential Services Outpatient - patient - Individual; Juvenile Non-Residential Services Ou | Outpatient - Family; Adult Non-Re sessment Services Substance Al Groups; Juvenile Non-Resident | esidential Services buse Evaluations; ial Services Outpatien |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | enile Co-Occurring Evaluation (C/O); Pre-Treatment Asse | ssment (bio-psychosocial); Co-C | Occurring; Outpatient |
| Juvenile Services: | Non-Treatment: Anger Management Class; Non- | Treatment: General Education Class; Outpatient Therap; ient Therapy including Family Sessions-Mental Health; O | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|-------------------------------------|
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | al Evaluation; Asses | sment: Juvenile Who |
| Other Services: | | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| Other Services: | Sliding Fee Scale; | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Outpatien | t Therapy | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; In | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental H rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Heal ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment | ealth; Outpatient The th; Intensive Outpati | erapy - Youth Who ent: Intensive |
| Other Services: | | | | |
| Patitz, Beverly | New Dimensions Counseling | 223 East 14th, Suite 220 Hastings NB 68901 | (402)519-0159 | (402)463-9169 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Juvenile Assessment Services Substance Abuse Evaluation | ons | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio | -psychosocial); Co-C | Occurring; Outpatient |
| | | on-Treatment: Supervised Visitation; Outpatient Therapy - Individual ient Therapy - Eating Disorder; Outpatient Therapy - Co-occurring; A SE); Assessment: Co-Occurring | | |

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| Name | Agency | Address | Phone | Fax |
| Springer, Jo | Spouse Abuse Sexual Assault Crisis Center, Inc | 220 S Burlington, Suite 4 Hastings NB 68901 | (402)463-5810 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| Substance Abuse Services: | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Ad nt - Family; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile No dividual; Juvenile Non-Residential Services Outpatient - Co-Occurrin | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenil s Outpatient - Family |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | Putpatient Therapy | | |
| Juvenile Services: | | utpatient Therapy including Group Sessions-Mental Health; Outpatier g; Assessment: Pre-Treatment Assessment (Medicaid) | nt Therapy including F | amily Sessions- |
| Other Services: | Sliding Fee Scale; | | | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance , le Non-Residential Services Outpatient - Individual co-Occurring; Adults who Sexually Harm Evaluation; Psychological Ev | Abuse Evaluations; J | uvenile Non- |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Youth Who | utpatient Therapy including Group Sessions-Mental Health; Outpatier Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatier t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); A | nt Therapy including F ent: Intensive Outpatie | amily Sessions- ent 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 | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual; Juvenile Non-Res | Abuse Evaluations; J | uvenile Non- |

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|---------------------------------------|--|---|---|---|
| Name | Agency | Address | Phone | Fax |
| Stuehm, Nadine | Wholeness Healing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)865-8738 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Care Monitoring SA/MH Family; Juvenile Non-Residential Services Outpat | | dult Non-Residential vices Intervention/Ec Ion-Residential Serv | Services Outpatient - ducation; Juvenile |
| | | Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient | Therapy | |
| Juvenile Services: Other Services: | | utpatient Therapy including Family Sessions-Mental Health | | |
| Weber, Kristi | Weber Behavioral Health | 942 N 13th Geneva NB 68361 | (402)759-3802 | (402)759-3803 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Co-Occurring | Treatment | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessment (bio-psychosocial); Outpatient Therapy; Medi | cation Evaluation | |
| Juvenile Services: | | utpatient Therapy including Family Sessions-Mental Health; Assessm Evaluation; Assessment: Mental Status Exam (MSE); Assessment: Me | | |
| Other Services: | Sliding Fee Scale; | | | |
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)383-1622 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C | | dult Non-Residential vices Intervention/Ec | Services Outpatient - ducation; Juvenile |
| | Pre-Treatment Assessment (bio-psychosocial); C | 5, T T, | | |
| | 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: | Sliding Fee Scale; | | | |
| Wragge, Shelly | Always Hope Counseling LLC | 1811 W. 2nd Street, Suite 450 Grand Island NB 68803 | (308)384-4405 | (308)339-0962 |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S | aluations; Adult Non-Residential Services Intervention/Education; Ad int - Family; Adult Non-Residential Services Outpatient - Individual; A ervices Substance Abuse Evaluations; Juvenile Non-Residential Ser uvenile Non-Residential Services Outpatient - Family; Juvenile Non-R o-Occurring Treatment | dult Non-Residential vices Intervention/Ec | Services Outpatient - ducation; Juvenile |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatier | ot Therapy including | Family Sessions- |
| Other Services: | Mental Health; Outpatient Therapy - Co-occurring | | it merapy meruuling | 1 amily 0000018- |
| Other Services. | | | | |

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|---------------------------|---|--|----------------------|---|
| 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; Ad Services Substance Abuse Evaluations; Juvenile Non-Residential Ser Treatment | | |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | Outpatient Therapy - Individual-Mental Health; O | 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-Residenti | raluations; Adult Non-Residential Services Intervention/Education; Adult - Family; Adult Non-Residential Services Outpatient - Individual; A al Services Intervention/Education; Juvenile Non-Residential Service e Non-Residential Services Outpatient - Individual; Juvenile Non-Res | dult Non-Residential | 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; | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | | Assessment: Mental Status Exam (MSE); Assessment: Psychologic | al Evaluation; Asses | sment: Juvenile Who |
| Other Services: | Sexually Harm Risk Assessment | | | |
| Jones, James | Community Justice Center | PO Box 22746 Lincoln NB 68542 | (402)429-1050 | |
| Substance Abuse Services: | - | | . , | |
| Mental Health Services: | Outpatient Therapy | | | |
| | Non-Treatment: Day Reporting; Non-Treatment: | General Education Class | | |
| | Sliding Fee Scale; | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|--|---|---|
| Kubo, Dana | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adu ht - Family; Adult Non-Residential Services Outpatient - Individual; Ad iervices Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring o-Occurring: Outpatient Therapy | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family; |
| | Non-Treatment: Intensive Family Preservation; No Individual-Mental Health; Outpatient Therapy inclu | on-Treatment: Anger Management Class; Non-Treatment: General E uding Group Sessions-Mental Health; Outpatient Therapy including F ensive Outpatient Therapy-Mental Health; Intensive Outpatient: Intens | amily Sessions-Men | tal Health; Outpatient |
| Other Services: | | | | |
| Meyer, Jacquelyn | Building Blocks | 101 East Wilson Norfolk NB 68701 | (402)336-4841 | (402)336-4640 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial) | | | |
| Juvenile Services: | Group Sessions-Mental Health; Outpatient Therap occurring; Intensive Outpatient: Intensive Outpatie | Dut-Of-Home: Respite Care; Outpatient Therapy - Individual-Mental H py including Family Sessions-Mental Health; Outpatient Therapy - Ea ent Therapy-Mental Health; Intensive Outpatient: Intensive Outpatient id); Assessment: Mental Status Exam (MSE); Out-Of-Home: Foster (| ting Disorder; Outpa t Therapy-Youth Wh | itient Therapy - Co- o Sexually Harm; |
| Other Services: | | | | |
| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatien Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Family; Adult Non-Residential Services Outpatient - Individual; Ad ervices Intensive Outpatient Treatment; Juvenile Assessment Servic Juvenile Non-Residential Services Outpatient - Groups; Juvenile Non dividual; Juvenile Non-Residential Services Outpatient - Co-Occurring entertient Theorem | dult Non-Residential es Substance Abuse n-Residential Service | Services Outpatient - Evaluations; Juvenile es Outpatient - Family; |
| Juvenile Services: | | utpatient Therapy Itpatient Therapy including Group Sessions-Mental Health; Outpatien ; Assessment: Pre-Treatment Assessment (Medicaid) | t Therapy including | Family Sessions- |

| Name | Agency | Address | Phone | Fax | |
|----------------------|---|--|--------------------|---------------|--|
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 | |
| | Individual; Adult Non-Residential Services Inte Residential Services Outpatient - Groups; Juve | Evaluations; Adult Non-Residential Services Outpatient - Groups; Adu nsive Outpatient Treatment; Juvenile Assessment Services Substance enile Non-Residential Services Outpatient - Individual ; Co-Occurring; Adults who Sexually Harm Evaluation; Psychological B | Abuse Evaluations; | Juvenile Non- | |
| Juvenile Services: | Mental Health; Outpatient Therapy - Youth Wh Who Sexually Harm; Assessment: Pre-Treatme | utpatient Therapy - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including Fa ental Health; Outpatient Therapy - Youth Who Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpatient: Intensive Outpatier (ho Sexually Harm; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment: Psycholog ssessment: Juvenile Who Sexually Harm Risk Assessment; Assessment: Co-Occurring | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Williamson, Michael | Heartland Counseling Services, Inc. | 221 West Douglas St O'Neill NB 68763 | (402)336-2800 | | |
| | Groups; Adult Non-Residential Services Outpa Co-Occurring Treatment | Evaluations; Adult Non-Residential Services Intervention/Education; A tient - Family; Adult Non-Residential Services Outpatient - Individual; | | | |
| | Pre-Treatment Assessment (bio-psychosocial) | | | | |
| Juvenile Services: | | Itpatient Therapy - Individual-Mental Health; Outpatient Therapy incluce Mental Health; Outpatient Therapy - Eating Disorder; Outpatient Thera nt: Co-Occurring | | | |
| Other Services: | Sliding Fee Scale; | - | | | |

| Residential Services Outpa sessment (bio-psychosocial y - Individual-Mental Health tpatient Therapy - Youth Wi al Status Exam (MSE); Ass ervices | 403 Lexington Circle Grand Island NB 68803 e Evaluations; Adult Non-Residential Services Outpatient - Gro atient - Individual; Adult Non-Residential Services Outpatient - l); Co-Occurring; Adults who Sexually Harm Evaluation; Outpa to; Outpatient Therapy including Group Sessions-Mental Health ho Sexually Harm; Outpatient Therapy - Co-occurring; Assess sessment: Juvenile Who Sexually Harm Risk Assessment; Ass 616 13th St Suite 110 Aurora NB 68818 | Co-Occurring Treatment titient Therapy ; Outpatient Therapy including ment: Pre-Treatment Assessm sessment: Co-Occurring | Family Sessions- |
|---|--|--|--|
| Residential Services Outpa sessment (bio-psychosocial y - Individual-Mental Health tpatient Therapy - Youth Wi al Status Exam (MSE); Ass ervices | atient - Individual; Adult Non-Residential Services Outpatient - I); Co-Occurring; Adults who Sexually Harm Evaluation; Outpa i; Outpatient Therapy including Group Sessions-Mental Health ho Sexually Harm; Outpatient Therapy - Co-occurring; Assess sessment: Juvenile Who Sexually Harm Risk Assessment; Ass 616 13th St Suite 110 Aurora NB 68818 | Co-Occurring Treatment titient Therapy ; Outpatient Therapy including ment: Pre-Treatment Assessm sessment: Co-Occurring | Family Sessions- |
| y - Individual-Mental Health tpatient Therapy - Youth Wi al Status Exam (MSE); Ass ervices | ; Outpatient Therapy including Group Sessions-Mental Health ho Sexually Harm; Outpatient Therapy - Co-occurring; Assess sessment: Juvenile Who Sexually Harm Risk Assessment; Ass 616 13th St Suite 110 Aurora NB 68818 | ; Outpatient Therapy including ment: Pre-Treatment Assessm sessment: Co-Occurring | |
| patient Therapy - Youth Wi al Status Exam (MSE); Ass ervices | ho Sexually Harm; Outpatient Therapy - Co-occurring; Assess sessment: Juvenile Who Sexually Harm Risk Assessment; Ass 616 13th St Suite 110 Aurora NB 68818 | ment: Pre-Treatment Assessm sessment: Co-Occurring | |
| | | (400)004 7007 | |
| | | (400)004 7007 | |
| Comilana Culhatanaa Ali | | (402)631-7267 | (402)694-4199 |
| | Evaluations; Adult Non-Residential Services Intervention/Edu atient - Individual; Adult Non-Residential Services Outpatient - | | Services Outpatient - |
| patient Therapy | ······································ | | |
| | i; Outpatient Therapy including Family Sessions-Mental Health ntal Health; Assessment: Mental Status Exam (MSE) | n; Outpatient Therapy - Eating I | Disorder; Intensive |
| , | | | |
| | 942 N 13th St. Geneva NB 68361 | (402)879-5959 | (402)759-3803 |
| | Evaluations; Adult Non-Residential Services Intervention/Edu atient - Family; Adult Non-Residential Services Outpatient - In | | Services Outpatient - |
| sessment (bio-psychosocial | | | |
| essions-Mental Health; Out | on-Treatment: General Education Class; Outpatient Therapy - patient Therapy including Family Sessions-Mental Health; Out eatment Assessment (Medicaid); Assessment: Co-Occurring | | |
| | | | |
| ing Center PC | 2608 Oldfair Rd. Grand Island NB 68803 | (308)382-5297 | (308)382-5315 |
| -Residential Services Outp | Evaluations; Adult Non-Residential Services Intervention/Edu atient - Family; Adult Non-Residential Services Outpatient - In | | |
| Itment | | | |
| sessment (bio-psychosocial | | | Family Sessions- |
| а | | | sessment (bio-psychosocial); Co-Occurring; Outpatient Therapy by - Individual-Mental Health; Outpatient Therapy including Group Sessions-Mental Health; Outpatient Therapy including utpatient Therapy - Co-occurring; Assessment: Pre-Treatment Assessment (Medicaid); Assessment: Co-Occurring |

| Name | Agency | Address | Phone | Fax |
|---------------------------|---|---|--|---|
| 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; Juveni Juvenile Non-Residential Services Intensive Outp | aluations; Adult Non-Residential Services Intervention/Education; Ac ent - Family; Adult Non-Residential Services Outpatient - Individual; A rices Substance Abuse Evaluations; Juvenile Non-Residential Service le Non-Residential Services Outpatient - Family; Juvenile Non-Resid patient Treatment | dult Non-Residential es Intervention/Educ | Services Intensive ation; Juvenile Non- |
| Mental Health Services: | | | | |
| Juvenile Services: | Non-Treatment: Family Support Worker; Non-Tre Placement Program; Non-Treatment: Family Part | atment: Anger Management Class; Non-Treatment: General Educati tner | on Class; Non-Treat | ment: Employment |
| Other Services: | Bilingual Services; | | | |
| Dirks, Tamara | Alcohol & Drug Solutions | 2109 S 24th St Lincoln NB 68502 | (402)461-4960 | |
| Substance Abuse Services: | Monitoring SA/MH; Adult Non-Residential Service | raluations; Adult Non-Residential Services Intervention/Education; Ac es Outpatient - Groups; Adult Non-Residential Services Outpatient - I rvices Outpatient - Co-Occurring Treatment; Adult Non-Residential S | amily; Adult Non-Re | sidential Services |
| Mental Health Services: | Co-Occurring; Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | Sliding Fee Scale; | | | |
| Gilfillan, Dameon | New Life Place | 840 F St Lincoln NB 68508 | (402)301-5371 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Holmgreen, Amanda | Strategic Psychological Services LLC | PO Box 22571 Lincoln NB 68542 | (402)858-7774 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation | | |
| Juvenile Services: | Outpatient Therapy - Youth Who Sexually Harm; Sexually Harm Risk Assessment | Assessment: Mental Status Exam (MSE); Assessment: Psychologica | al Evaluation; Assess | sment: Juvenile Who |
| Other Services: | | | | |
| Johnson, Jill | Associates in Counseling & Treatment | 600 North Cotner, Ste.119 Lincoln NB 68505 | (402)261-6667 | (402)261-6526 |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenil Intervention/Education; Juvenile Non-Residential | aluations; Adult Non-Residential Services Outpatient - Groups; Adult ht - Individual; Adult Non-Residential Services Outpatient - Co-Occur e Assessment Services Substance Abuse Evaluations; Juvenile Non Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient esidential Services Outpatient - Co-Occurring Treatment; Juvenile Non | ing Treatment; Adult Residential Services Itpatient - Family; Ju | Non-Residential s venile Non-Residentia |

| Name | Agency | Address | Phone | Fax |
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| Name | Agency | Address | THORE | I dA |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| 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; | | | |
| Keezer, Chad | Mid-Plains Center for Behavioral Healthcare Inc | 914 Baumann Dr Grand Island NB 68803 | (308)385-5250 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | | | |
| Other Services: | | | | |
| Kenning, Tamara | Turning Point Behavioral Health & Addiction Counseling PC | 122 S 4th St Seward NB 68434 | (402)641-2095 | |
| Substance Abuse Services: | Family; Adult Non-Residential Services Outpatier Services Intensive Outpatient Treatment; Juvenile Intervention/Education; Juvenile Non-Residential | aluations; Adult Non-Residential Services Intervention/Education; Adu nt - Individual; Adult Non-Residential Services Outpatient - Co-Occurri e Assessment Services Substance Abuse Evaluations; Juvenile Non- Services Outpatient - Family; Juvenile Non-Residential Services Outp reatment; Juvenile Non-Residential Services Intensive Outpatient Tre | ng Treatment; Adult Residential Services patient - Individual; | t Non-Residential |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Juve Sexually Harm Evaluation; Outpatient Therapy | nile Co-Occurring Evaluation (C/O); Pre-Treatment Assessment (bio- | psychosocial); Co-C | Occurring; Adults who |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Individual-Mental Health; Outpatient Content of the second s | utpatient Therapy including Family Sessions-Mental Health; Outpatier Health; Intensive Outpatient: Intensive Outpatient Therapy-Co-occurring | | |
| Other 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; An nt - Family; Adult Non-Residential Services Outpatient - Individual; Ao Services Intensive Outpatient Treatment; Adult Residential Services D enile Assessment Services Substance Abuse Evaluations; Juvenile N atient - Groups; Juvenile Non-Residential Services Outpatient - Family Services Outpatient - Co-Occurring Treatment; Juvenile Non-Resider | dult Non-Residential ual Residential (MH lon-Residential Serv r; Juvenile Non-Res | Services Outpatient I/SA); Adult vices Care Monitoring idential Services |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| | | patient: Intensive Outpatient Therapy-Co-occurring | | |
| Other Services: | Sliding Fee Scale; | | | |

| Name | Agency | Address | Phone | Fax | | |
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| Krejci, Ann | Stephen Center | 5217 S 28th St Omaha NB 68107 | (402)715-5453 | (402)715-5452 | | |
| Substance Abuse Services: | 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 Non-Residential Services Partial Care; Adult Residential Services Dual Residential (MH/SA); Adult Residential Services Extended Residential; Adult Residential Services Short Term Residential | | | | | |
| Mental Health Services: Juvenile Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | | | |
| Other Services: | Sliding Fee Scale; | | | | | |
| Kroeker, Sandra | Sandra Hale Kroeker PC | PO Box 684 1080 17th ST Henderson NB 68371 | (402)723-4883 | (402)723-4914 | | |
| Substance Abuse Services: | | | | | | |
| Mental Health Services: | Adults who Sexually Harm Evaluation; Outpatient | t Therapy | | | | |
| Juvenile Services: | Outpatient Therapy including Group Sessions-Me Sexually Harm; Outpatient Therapy - Eating Diso Outpatient Therapy-Youth Who Sexually Harm; Ir | Treatment: Juvenile Offender/Victim and Conflict Mediation; Outpatie ental Health; Outpatient Therapy including Family Sessions-Mental H rder; Intensive Outpatient: Intensive Outpatient Therapy-Mental Hea ntensive Outpatient: Intensive Outpatient- Eating Disorder; Assessme sment: Juvenile Who Sexually Harm Risk Assessment | lealth; Outpatient The Ith; Intensive Outpation | erapy - Youth Who ent: Intensive | | |
| 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 S Non-Residential Services Intervention/Education; | aluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - Individual; A Services Intensive Outpatient Treatment; Juvenile Assessment Services Juvenile Non-Residential Services Outpatient - Groups; Juvenile Nor-Residential Services Outpatient - Co-Occurring Outpatient - Co-Occurring Outpatient - Co-Occurring | dult Non-Residential ces Substance Abuse on-Residential Servic | Services Outpatient Evaluations; Juvenil es Outpatient - Family | | |
| | | utpatient Therapy including Group Sessions-Mental Health; Outpatie | nt Therapy including | 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 Family; Juvenile Non-Residential Services Outpat Residential Services Intensive Outpatient Treatm | | nsive Outpatient Trea nile Non-Residential | tment; Juvenile Services Outpatient - | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); O | Jutpatient Therapy | | | | |
| | | atient Therapy - Individual-Mental Health; Outpatient Therapy includi | | | | |

| Name | Agency | Address | Phone | Fax |
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| Other Services: | | - Eating Disorder; Intensive Outpatient: Intensive Outpatient Therapy Outpatient Psychiatric Evaluation; Assessment: Mental Status Exam | | ssment: Pre- |
| Milander-Mace, Amanda | Good Life Counseling & Support | 200 N 34th PO Box 2315 Norfolk NB 68702 | (402)371-3044 | (402)371-9643 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre-T | Freatment Assessment (bio-psychosocial); Outpatient Therapy | | |
| Juvenile Services: | | on-Treatment: Anger Management Class; Outpatient Therapy - Indivient Therapy - Indivient Therapy - Eating Disorder; Assessment: Pre-Treatment Assessm | | Outpatient Therapy |
| Other Services: | | | | |
| Paine, Mary | Counseling Affiliates of Nebraska | 1550 S. 70th St., Ste. 101 Lincoln NB 68506 | (402)488-0077 | (402)488-0017 |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); A | dults who Sexually Harm Evaluation; Psychological Evaluation; EPC | Crisis Center; Outpa | atient Therapy |
| Juvenile Services: | | | | |
| 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 Outpatien Co-Occurring Treatment; Juvenile Assessment So Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - Co | | dult Non-Residential rices Intervention/Ec | Services Outpatient lucation; Juvenile |
| | Pre-Treatment Assessment (bio-psychosocial); C | 5 | | |
| | Outpatient Therapy - Co-occurring | atient Therapy - Individual-Mental Health; Outpatient Therapy includin | ig Group Sessions-N | lental Health; |
| Other Services: | Sliding Fee Scale; Bilingual Services; | | | |
| Smith, Morgan | Jenda Family Services, LLC | 815 K Street Lincoln NB 68508 | (308)390-9347 | |
| Substance Abuse Services: | | | | |
| Mental Health Services: | Outpatient Therapy | | | |
| Juvenile Services: | | utpatient Therapy - Individual-Mental Health; Outpatient Therapy incluental Health; Outpatient Therapy - Eating Disorder | uding Group Session | ns-Mental Health; |
| Other Services: | | | | |

| Name | Agency | Address | Phone | Fax |
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| Starman, Beverly | Behavioral Health Specialist/Seekers of Serenity | 4432 Sunrise Place Columbus NB 68601 | (402)370-3140 | |
| | Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Adult Non-Residential S Non-Residential Services Intervention/Education; Juvenile Non-Residential Services Outpatient - In Services Intensive Outpatient Treatment | aluations; Adult Non-Residential Services Intervention/Education; A nt - Family; Adult Non-Residential Services Outpatient - Individual; <i>J</i> Services Intensive Outpatient Treatment; Juvenile Assessment Serv 5 Juvenile Non-Residential Services Outpatient - Groups; Juvenile N dividual; Juvenile Non-Residential Services Outpatient - Co-Occurri | Adult Non-Residential ices Substance Abus on-Residential Servic | Services Outpatient - Evaluations; Juvenile es Outpatient - Family |
| | Pre-Treatment Assessment (bio-psychosocial); C | | | |
| Juvenile Services | | utpatient Therapy including Group Sessions-Mental Health; Outpatie g; Assessment: Pre-Treatment Assessment (Medicaid) | ent Therapy including | Family Sessions- |
| Other Services | Sliding Fee Scale; | | | |
| Stennis, Gladys | Infinite Avenues Counseling | 7117 Farnam St Suite 17 Omaha NB 68132 | (402)905-6296 | |
| Substance Abuse Services | Adult Assessment Services Substance Abuse Ev | aluations | | |
| Mental Health Services | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpatient Therapy | | |
| Juvenile Services | | | | |
| Other Services | Sliding Fee Scale; | | | |
| | | | (447) 440 0005 | |
| Stermensky, Dr. Gage | | 1811 Avenue A Scottsbluff NB 69361 | (417)413-0085 | (308)832-4844 |
| Substance Abuse Services | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juveni | aluations; Adult Non-Residential Services Outpatient - Groups; Adu ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual | It Non-Residential Se Abuse Evaluations; | rvices Outpatient - Juvenile Non- |
| Substance Abuse Services Mental Health Services | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juveni Pre-Treatment Assessment (bio-psychosocial); C | aluations; Adult Non-Residential Services Outpatient - Groups; Adu ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual o-Occurring; Adults who Sexually Harm Evaluation; Psychological E | It Non-Residential Se Abuse Evaluations; . Evaluation; Outpatient | rvices Outpatient - Juvenile Non- Therapy |
| Substance Abuse Services Mental Health Services | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Out Mental Health; Outpatient Therapy - Youth Who | aluations; Adult Non-Residential Services Outpatient - Groups; Adu ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual co-Occurring; Adults who Sexually Harm Evaluation; Psychological E utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpat t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); | It Non-Residential Se Abuse Evaluations; Evaluation; Outpatient ent Therapy including ient: Intensive Outpat | rvices Outpatient - Juvenile Non- Therapy Family Sessions- ient Therapy-Youth |
| Substance Abuse Services Mental Health Services Juvenile Services | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Youth Who S Who Sexually Harm; Assessment: Pre-Treatment | aluations; Adult Non-Residential Services Outpatient - Groups; Adu ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual co-Occurring; Adults who Sexually Harm Evaluation; Psychological E utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpat t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); | It Non-Residential Se Abuse Evaluations; Evaluation; Outpatient ent Therapy including ient: Intensive Outpat | rvices Outpatient - Juvenile Non- Therapy Family Sessions- ient Therapy-Youth |
| Substance Abuse Services Mental Health Services Juvenile Services | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil Pre-Treatment Assessment (bio-psychosocial); C 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 | aluations; Adult Non-Residential Services Outpatient - Groups; Adu ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual co-Occurring; Adults who Sexually Harm Evaluation; Psychological E utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpat t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); | It Non-Residential Se Abuse Evaluations; Evaluation; Outpatient ent Therapy including ient: Intensive Outpat | rvices Outpatient - Juvenile Non- Therapy Family Sessions- ient Therapy-Youth |
| Substance Abuse Services Mental Health Services Juvenile Services Other Services Sullivan, Michael | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Youth Who S Who Sexually Harm; Assessment: Pre-Treatment Assessment: Juvenile Who Sexually Harm Risk A Sliding Fee Scale; Michael Sullivan Counseling Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Groups; Adu ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual co-Occurring; Adults who Sexually Harm Evaluation; Psychological E utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpat t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment; Assessment: Co-Occurring 208 N. 5th St. Norfolk NB 68701-4155 aluations; Adult Non-Residential Services Outpatient - Groups; Adu | It Non-Residential Se Abuse Evaluations; Evaluation; Outpatient ent Therapy including ient: Intensive Outpat Assessment: Psycho (402)750-7923 It Non-Residential Se | vices Outpatient - Juvenile Non- Therapy Family Sessions- ient Therapy-Youth logical Evaluation; (402)226-5161 |
| Substance Abuse Services Mental Health Services Juvenile Services Other Services Sullivan, Michael Substance Abuse Services | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Youth Who S Who Sexually Harm; Assessment: Pre-Treatment Assessment: Juvenile Who Sexually Harm Risk A Sliding Fee Scale; Michael Sullivan Counseling Adult Assessment Services Substance Abuse Ev | aluations; Adult Non-Residential Services Outpatient - Groups; Adu ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual co-Occurring; Adults who Sexually Harm Evaluation; Psychological E utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpat t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment; Assessment: Co-Occurring 208 N. 5th St. Norfolk NB 68701-4155 aluations; Adult Non-Residential Services Outpatient - Groups; Adu t - Individual; Adult Non-Residential Services Outpatient - Co-Occu | It Non-Residential Se Abuse Evaluations; Evaluation; Outpatient ent Therapy including ient: Intensive Outpat Assessment: Psycho (402)750-7923 It Non-Residential Se | rvices Outpatient - Juvenile Non- Therapy Family Sessions- ient Therapy-Youth logical Evaluation; (402)226-5161 |
| Substance Abuse Services Mental Health Services Juvenile Services Other Services Sullivan, Michael Substance Abuse Services | Individual; Adult Non-Residential Services Intensi Residential Services Outpatient - Groups; Juvenil Pre-Treatment Assessment (bio-psychosocial); C Outpatient Therapy - Individual-Mental Health; Outpatient Therapy - Youth Who S Who Sexually Harm; Assessment: Pre-Treatment Assessment: Juvenile Who Sexually Harm Risk A Sliding Fee Scale; Michael Sullivan Counseling Adult Assessment Services Substance Abuse Ev Family; Adult Non-Residential Services Outpatier Pre-Treatment Assessment (bio-psychosocial); C | aluations; Adult Non-Residential Services Outpatient - Groups; Adu ive Outpatient Treatment; Juvenile Assessment Services Substance le Non-Residential Services Outpatient - Individual co-Occurring; Adults who Sexually Harm Evaluation; Psychological E utpatient Therapy including Group Sessions-Mental Health; Outpatie Sexually Harm; Outpatient Therapy - Co-occurring; Intensive Outpat t Assessment (Medicaid); Assessment: Mental Status Exam (MSE); Assessment; Assessment: Co-Occurring 208 N. 5th St. Norfolk NB 68701-4155 aluations; Adult Non-Residential Services Outpatient - Groups; Adu t - Individual; Adult Non-Residential Services Outpatient - Co-Occu | It Non-Residential Se Abuse Evaluations; Evaluation; Outpatient ent Therapy including ient: Intensive Outpat Assessment: Psycho (402)750-7923 It Non-Residential Se | rvices Outpatient - Juvenile Non- Therapy Family Sessions- ient Therapy-Youth logical Evaluation; (402)226-5161 |

| Name | Agency | | Address | Phone | Fax |
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| Taylor, Nathaniel | Alcohol & Drug Solutions | 2109 S 24th St I | incoln NB 68502 | (402)450-8645 | |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Services Intensive Outpatient Treatment | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpati | ent Therapy | | |
| Juvenile Services: | | | | | |
| Other Services: | | | | | |
| Trauernicht, Joellyn | 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 Ev Groups; Adult Non-Residential Services Outpatie Extended Residential | | | | |
| Mental Health Services: | Pre-Treatment Assessment (bio-psychosocial); C | o-Occurring; Outpati | ent Therapy | | |
| Juvenile Services: | | | | | |
| Other Services: | Sliding Fee Scale; | | | | |
| Volnek, Ashley | CenterPointe | 2633 P St Linco | n NB 68503 | (402)475-8748 | (402)475-6728 |
| Substance Abuse Services: | Adult Residential Services Dual Residential (MH/ | SA) | | | |
| | Pre-Treatment Assessment (bio-psychosocial) | | | | |
| Juvenile Services: | | | | | |
| Other Services: | | | | | |
| Walton, Robert | Phoenix House | 1571 23rd Ave (| Columbus NB 68601 | (402)841-3791 | (402)302-1001 |
| Substance Abuse Services: Mental Health Services: Juvenile Services: | Adult Assessment Services Substance Abuse Ev Groups; Adult Non-Residential Services Outpatie Co-Occurring Treatment; Juvenile Assessment S Non-Residential Services Outpatient - Groups; Ju Juvenile Non-Residential Services Outpatient - C Outpatient Therapy | nt - Family; Adult No ervices Substance A uvenile Non-Residen | n-Residential Services Outpatient - Individual; A buse Evaluations; Juvenile Non-Residential Se ial Services Outpatient - Family; Juvenile Non-F | dult Non-Residentia | l Services Outpatient ducation; Juvenile |
| Other Services: | Sliding Fee Scale; | | | | |
| Weber, Kristi | Weber Behavioral Health | 942 N 13th Gen | eva NB 68361 | (402)759-3802 | (402)759-3803 |
| Substance Abuse Services: | Adult Assessment Services Substance Abuse Ev | aluations; Adult Non | Residential Services Outpatient - Co-Occurring | Treatment | |
| Mental Health Services: | Juvenile Pre-Treatment Assessment (PTA); Pre- | Treatment Assessme | nt (bio-psychosocial); Outpatient Therapy; Med | ication Evaluation | |
| Juvenile Services: | Outpatient Therapy - Individual-Mental Health; O (Medicaid); Assessment: Outpatient Psychiatric E | | | | |

| Name | Agency | Address | Phone | Fax | | |
|-------------|---|--|------------------------|-----------------|--|--|
| White, Lisa | Horizon Recovery & Counseling Center | 835 S Burlington Ste 115 Hastings NB 68901 | (308)383-1622 | | | |
| | dult Assessment Services Substance Abuse Evaluations; Adult Non-Residential Services Intervention/Education; Adult Non-Residential Services Outpatient - roups; Adult Non-Residential Services Outpatient - Family; Adult Non-Residential Services Outpatient - Individual; Adult Non-Residential Services Outpatient o-Occurring Treatment; Juvenile Assessment Services Substance Abuse Evaluations; Juvenile Non-Residential Services Intervention/Education; Juvenile on-Residential Services Outpatient - Groups; Juvenile Non-Residential Services Outpatient - Family; Juvenile Non-Residential Services Outpatient - Individual venile Non-Residential Services Outpatient - Co-Occurring Treatment re-Treatment Assessment (bio-psychosocial); Co-Occurring; Outpatient Therapy | | | | | |
| | Outpatient Therapy - Individual-Mental Health; Ou Mental Health; Outpatient Therapy - Co-occurring Sliding Fee Scale; | utpatient Therapy including Group Sessions-Mental Health; Outpatien ;; Assessment: Co-Occurring | t Therapy including Fa | amily Sessions- | | |